

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766594

FILED
Jan 15, 2009
Secretary of State

Entity Name: BAC FUNDING CONSORTIUM, INC.

Current Principal Place of Business:

6600 N.W. 27TH AVE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

6600 N.W. 27TH AVE
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 59-2425541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, EDWIN L.
6600 N.W. 27 AVE.
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FRAZIER, RONALD E.
Address: 1320 N.WL 88TH STREET
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: MILLER, EDWIN L.
Address: 6600 N.W. 27 AVE.
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: LATIMER, OTTO
Address: 17121 NE 6TH AVE
City-St-Zip: MIAMI, FL 33162

Title: D (X) Delete
Name: MARTIN, DANNY
Address: 2495 NW 82ND AVE
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: DIAZ-LEAL, CLARA
Address: 200 S. BISCAYNE BLVD. STE. 1500
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: WEST, TERRELL
Address: 1 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FRAZIER, RONALD E.
Address: 2125 BISCAYNE BLVD., SUITE 330
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN L. MILLER

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date