

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766594

FILED  
May 20, 2010  
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 (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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  
Name: FRAZIER, RONALD E.  
Address: 2125 BISCAYNE BLVD., SUITE 330  
City-St-Zip: MIAMI, FL 33131

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

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

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

Title: D  
Name: WEST, TERRELL  
Address: 550 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: EDWIN L. MILLER

PD

05/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date