

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762172

**Entity Name:** BAC FUNDING CORPORATION

**Current Principal Place of Business:**

6600 NW 27 AVE  
MIAMI, FL 33147

**Current Mailing Address:**

6600 NW 27 AVE  
MIAMI, FL 33147 US

**FEI Number:** 59-2196535

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRAZIER, RONALD E  
6600 NW 27TH AVENUE  
MIAMI, FL 33147 US

*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

**Officer/Director Detail :**

Title CD  
Name FRAZIER, RONALD E  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title SD  
Name LATIMER, OTTO  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name GARRETT, LEONARD  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name FORBES, RICARDO  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name JOHNSON, STEPHEN  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name BRYANT, LINDA  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name KNOWLES, ERIC  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name HALL, JOHN  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

**Continues on page 2**

*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:** COURTNEY COOPER

**ADMINISTRATIVE**

**04/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RANGE, PATRICK  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name MARTIN, SONLESS  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name HAYES, MONIQUE D  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name RASCO, MIGUEL  
Address 6600 NW 27 AVE  
City-State-Zip: MIAMI FL 33147