

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762172

**FILED  
Mar 10, 2020  
Secretary of State  
7909321372CC**

**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 900 NE 97TH STREET  
City-State-Zip: MIAMI FL 33138

Title SD  
Name LATIMER, OTTO  
Address 20451 NW 2ND AVENUE  
SUITE 111  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name GARRETT, LEONARD  
Address 3707 STARBOARD AVENUE  
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR  
Name FORBES, RICARDO  
Address 6855 RED ROAD  
SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR  
Name JOHNSON, STEPHEN  
Address 1221 BRICKELL AVENUE  
19TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name RASCO, MIGUEL  
Address 200 SOUTH BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name BRYANT, LINDA  
Address 12902 SW 50TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name KNOWLES, ERIC  
Address 100 SOUTH BISCAYNE BOULEVARD  
3RD FLOOR  
City-State-Zip: MIAMI FL 33131

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*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: RONALD E. FRAZIER**

**CHAIRMAN**

**03/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MARTIN, SONLESS  
Address 15897 NW 4TH COURT  
City-State-Zip: PEMBROKE PINES FL

Title DIRECTOR  
Name RANGE, PATRICK  
Address 5727 NW 17TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name HAYES, MONIQUE D  
Address 936 SW 1ST AVENUE  
MAILBOX 361  
City-State-Zip: MIAMI FL 33130