

**2021 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	900 NE 97TH STREET
City-State-Zip:	MIAMI FL 33138
Title	DIRECTOR
Name	GARRETT, LEONARD
Address	3707 STARBOARD AVENUE
City-State-Zip:	COOPER CITY FL 33026
Title	DIRECTOR
Name	JOHNSON, STEPHEN
Address	1221 BRICKELL AVENUE 19TH FLOOR
City-State-Zip:	MIAMI FL 33131
Title	DIRECTOR
Name	KNOWLES, ERIC
Address	100 SOUTH BISCAYNE BOULEVARD 3RD FLOOR
City-State-Zip:	MIAMI FL 33131

Title	SD
Name	LATIMER, OTTO
Address	20451 NW 2ND AVENUE SUITE 111
City-State-Zip:	MIAMI GARDENS FL 33169
Title	DIRECTOR
Name	FORBES, RICARDO
Address	6855 RED ROAD SUITE 600
City-State-Zip:	CORAL GABLES FL 33143
Title	DIRECTOR
Name	BRYANT, LINDA
Address	12902 SW 50TH STREET
City-State-Zip:	MIRAMAR FL 33027
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: RONALD E FRAZIER****CHAIRMAN****04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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