

2020 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 BRYANT, LINDA
Address 12902 SW 50TH STREET
City-State-Zip: MIRAMAR FL 33027

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

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	Title	DIRECTOR
Name	HALL, JOHN	Name	RANGE, PATRICK
Address	6600 NW 27 AVE	Address	5727 NW 17TH AVENUE
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33142
Title	DIRECTOR	Title	DIRECTOR
Name	MARTIN, SONLESS	Name	HAYES, MONIQUE D
Address	15897 NW 4TH COURT	Address	936 SW 1ST AVENUE MAILBOX 361
City-State-Zip:	PEMBROKE PINES FL	City-State-Zip:	MIAMI FL 33130