NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007530

1. Entity Name

BCC Housing Corporation

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
640 Dr. Mary McLeod.	1543 Kingsley Ave., #18B
Suite, Apt. #, etc. Bethune Blvd.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Orange Park, FL
Zip: 32114 Country: U.S.A.	Zip: 32073 Country:

4. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lynn C. Washington

Street Address (P.O. Box Number is Not Acceptable): Holland & Knight LLP
701 Brickell Avenue, #3000

City: Miami FL Zip Code: 33131

8. 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: Lynn C. Washington 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Bivens, Burney
STREET ADDRESS	1543 Kingsley Ave., #18B
CITY-ST-ZIP	Orange Park, FL 32073
TITLE	D
NAME	Charlty, Laveta
STREET ADDRESS	134 Tull
CITY-ST-ZIP	Alexandria, VA 22304
TITLE	D/S
NAME	Handfield, Larry
STREET ADDRESS	4770 Biscayne Blvd., #1200
CITY-ST-ZIP	Miami, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Burney Bivens, President 904-264-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #