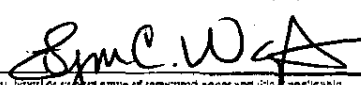
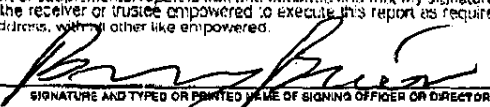


NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007530		FILED	
1. Entity Name BCC Housing Corporation		03 APR 14 PM 1:26	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 640 Dr. Mary McLeod.		3. Mailing Address 1543 Kingsley Ave., #18B	
Suite, Apt. #, etc. Bethune Blvd.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Orange Park, FL	
Zip 32114		Zip 32073	
Country U.S.A.		Country	
4. FEI Number Applied For		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
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		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 4/17/03 12:45:02	
Signature, typed or printed name of registered agent and fee, if applicable.		(NOTE: Registered Agent signature is required when reappointing.)	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D/P Bivens, Burney 1543 Kingsley Ave., #18B Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D Charity, Laveta 134 Tull Alexandria, VA 22304	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D/S Handfield, Larry 4770 Biscayne Blvd., #1200 Miami, FL 33137	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or other like empowered.			
SIGNATURE: 		Burney Bivens, President 904-264-3412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2007B (12/01)