

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001481

Entity Name: BRAVEHEART LAX CLUB, INC.**Current Principal Place of Business:**375 COMMERCE WAY STE 101
SUITE 101
LONGWOOD, FL 32750**Current Mailing Address:**PO BOX 520090
LONGWOOD, FL 32752 US**FEI Number:** 27-2135129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMOS, JR., JOSEPH L
390 N. ORANGE AVE - STE. 2200
ORLANDO, FL 32801 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	DIRECTOR
Name	BUILDER, JOHN
Address	PO BOX 520090
City-State-Zip:	LONGWOOD FL 32752

Title	DIRECTOR
Name	FIORDALIS, WILLIAM
Address	PO BOX 520090
City-State-Zip:	LONGWOOD FL 32752

Title	TD
Name	ST LAURENT, WILLIAM CRANE
Address	375 COMMERCE WAY STE 101
City-State-Zip:	LONGWOOD FL 32750

Title	PD
Name	PHILLIPS, ROBERT A
Address	1270 MAYFIELD AVE
City-State-Zip:	WINTER PARK FL 32789

Title	SD
Name	ROTTENBERG, JASON
Address	2601 ROSE ISLE CIRCLE
City-State-Zip:	ORLANDO FL 32803

Title	D
Name	AMOS, JR., JOSEPH L
Address	390 N. ORANGE AVE, STE 2200
City-State-Zip:	ORLANDO FL 32801

Title	D
Name	FARWELL, ROGER
Address	904 N. ORANGE AVE
City-State-Zip:	ORLANDO FL 32801

Title	D
Name	RADER, JOHN
Address	735 TERRACE BLVD.
City-State-Zip:	ORLANDO FL 32803

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: WILLIAM CRANE ST LAURENT

TD

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date