

2015 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**FEI Number:** 27-2135129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAMAYO, ANDY
227 W. NEW ENGLAND AVE
STE C
WINTER PARK, FL 32789 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	DP
Name	ST LAURENT, WILLIAM C
Address	PO BOX 520090
City-State-Zip:	LONGWOOS FL 32752

Title	DV
Name	PHILLIPS, ROBERT A
Address	4438 VIRGINIA DR
City-State-Zip:	ORLANDO FL 32814

Title	D
Name	EIDSON, FRANK M
Address	PO BOX 4908
City-State-Zip:	ORLANDO FL 32802

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

Title	D
Name	FARWELL, ROGER
Address	P.O. BOX 2120
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	RICHBOURG, KIMBERLY
Address	9105 BAY POINT DR
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	FESS, LAYNE J
Address	2615 ROSE ISLE CIRCLE
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 ST LAURENT**PRESIDENT****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date