

**2017 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:**ST LAURENT, WILLIAM  
375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL 32750 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:** WILLIAM ST LAURENT**04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           ST LAURENT, WILLIAM C  
Address        PO BOX 520090  
City-State-Zip: LONGWOOD FL 32752-0090

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

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

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

**Continues on page 2**

*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 C ST LAURENT**TREASURER****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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