

2016 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

02/10/2016

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 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

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

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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

TREASURER

02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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