

F24000005594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

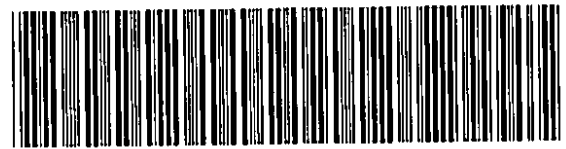
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2024 OCT 25 PM 3:01

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 28 2024  
K. Brumley

FLORIDA CAPITAL COURIER SERVICES, INC

(50) 524-1437

2330 CLARE DR

*Carney*  
*W.*

(350) 524-1243

TALLAHASSEE, FL 32309

(350) 491-9625

**Please use funds from this account: I20210000160 \$100.00**

**Authorization Signature:** *[Signature]*

**Business Name:** Western Christian Academy, Inc.

**Document#**

     Certified Copy

     Certificate of Status

**NEW FILINGS**

     Profit Corp

     Not for Profit

     Limited Liability

     Domestication

     LLLP

  X   CORP

     Other

     Other

**OTHER FILINGS**

     Apostille

Country

**AMMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Revocation of Dissolution

     Merger

     Articles of Incorporation

     Restated Articles of Incorporation

     Statement of Authenticity

**REGISTRATION/QUALIFICATION**

  X   Foreign Filing

     Reinstatement

     Qualification

     Annual Report

     Fictitious Name

**EXAMINER'S INITIALS:**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Western Christian Academy, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and enclosures submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Carey Ugas

Name of Person

NCLL

Firm/Company

13790 Roosevelt Blvd., Suite A

Address

Clearwater, FL 33762

City/State and Zip Code

ixoye55@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carey Ugas

Name of Person

at ( 727 ) 605-0129

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32304

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ 50 Filing  
Certificate of Status &  
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. Western Christian Academy, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership. If not so contained in the name at present, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transfer to Florida.)

2. Tennessee

(State or country under the law of which it is incorporated)

3. 33-1540130

(F.E. number, if any)

4. 3/15/2024

(Date of Incorporation)

5. \_\_\_\_\_

(Date of duration, if any)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 and 617.1502, F.S., for penalty.)

7. 1386 HUNTER ROAD FRANKLIN, TN 37064

(Principal office street address)

(Current mailing address, if different)

8. Religious

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Melissa Wolfe

Office Address: 2598 Gary Circle, #304.

Dunedin,

(City)

, Florida 33698

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Melissa Wolfe

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers [maximum of six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Dave Adams  
☐ Vice Chairman Address: 1920 Walden Blvd.  
☒ Director Flower Mound, TX 75028  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Grey G. Graham  
☐ Vice Chairman Address: 20 Auburn Road  
☒ Director Flower Mound, TX 75028  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Cory File  
☐ Vice Chairman Address: 1368 Hunter Road  
☒ Director Franklin, TN 37064  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Clinton Kneeland  
☐ Vice Chairman Address: 128 Hunter Rd.  
☒ Director Flower Mound, TX 75028  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be included in the report only. Non-indexed individuals may be added to the index when filing your Florida Department of State report form.

13. Clinton Kneeland  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Clinton Kneeland Director  
(Typed or printed name and capacity of person signing application)

### **Additional Provisions:**

**Purpose:** The organization is organized exclusively for charitable, religious, or other purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding federal tax code.

**Non-Inurement:** No part of the net earnings of the corporation shall inure, or be distributable to its members, trustees, officers, or other private persons, except that they may be authorized and empowered to pay reasonable compensation for services rendered, and distributions in furtherance of the purposes set forth in the purpose statement. No part of the activities of the corporation shall be the carrying on of propaganda, otherwise than for the promotion of legislation, and the corporation shall not participate in, or intervene in (including the distribution of statements) any political campaign on behalf of or in opposition to any candidate for office. Notwithstanding any other provision of these articles, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**Dissolution:** Upon the dissolution of this organization, assets shall be distributed for the charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government or to any state or local government.



Tre Hargett  
Secretary of State

Division of Business Services  
Department of State  
State of Tennessee  
312 Rosa L. Parks Bldg., 6th Fl.  
Nashville, TN 37243-0001

NCLL  
CAREY UGAS  
PO BOX 5076  
LARGO, FL 33779

October 3, 2024

**Request Type: Certificate of Existence/Authorization**

Request #: 0608438

Issuance Date: 10/03/2024

Copies Received: 1

**Document Receipt**

Receipt #: 009306351

Fee: \$100

Payment-Credit Card - State Payment Center - CC #: 3884386105

\$100

**Regarding: Western Christian Academy**

Filing Type: Nonprofit Corporation - Domestic

Control #: 522121

Formation/Qualification Date: 03/15/2024

Date For: 03/15/2024

Status: Active

Formation: FE

Duration Term: Perpetual

Inactive: 0

Business County: WILLIAMSON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that the above is a true and correct copy of the issuance date noted above

**Western Christian Academy**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reported in the records of the Secretary of State and the Department of Revenue) which affect the corporation's operation of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A declaration of dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 0097224