

716000005643

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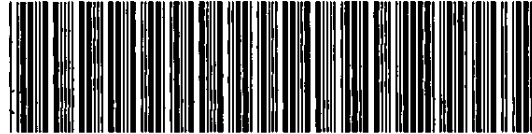
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T. SCOTT



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16 MAY 27 PM 1:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LACE NORTH CHRISTIAN SCHOOL FOUNDATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jim Harwood
Name (Printed or typed)

7592 HIGH RIDGE RD

Address

BOYNTON BEACH, FL 33426

City, State & Zip

361 586 8216

Daytime Telephone number

JHARWOOD@WCS.ORG

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: LAKE WORTH CHRISTIAN SCHOOL FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7592 HIGH RIDGE RD

BOYNTON BEACH, FL 33426

Mailing address, if different is:

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Foundation seeks to create long-term financial strength for Lake Worth Christian School by providing financial support to assist with scholarships, endowments, and capital projects.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

NOMINATIONS AND ELECTIONS BY SUPERINTENDENT'S TITON
PROCESS IT ORGANIZATIONALLY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JIM HARDWOOD, PRESIDENT Name and Title: _____

Address: 7592 HIGH RIDGE RD Address: _____
BOYNTON BEACH, FL
33426

Name and Title: NATE BRAY, VICE PRESIDENT Name and Title: _____

Address: 7592 HIGH RIDGE RD. Address: _____
BOYNTON BEACH, FL
33426

Name and Title: JOHN KILPATRICK Name and Title: _____

Address: TREASURER Address: _____
7592 HIGH RIDGE RD.
BOYNTON BEACH, FL 33426

16 MAY 27 PM 1:26

STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JIM HARWOOD

Address: 7592 HIGH RIDGE RD
BOYNTON BEACH, FL 33426

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JIM HARWOOD

Address: 7592 HIGH RIDGE RD.
BOYNTON BEACH, FL 33426

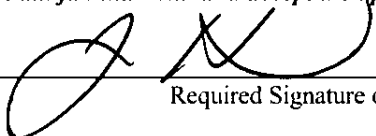
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/25/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

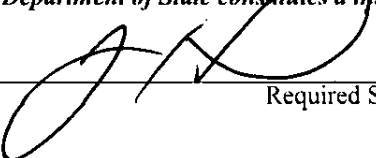
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

5/17/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

5/17/16
Date