

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008641

**FILED**  
**May 21, 2020**  
**Secretary of State**  
**2804961180CC**

**Entity Name:** NACION DE FE CORP.

**Current Principal Place of Business:**

4555 W. IRLO BRONSON MEMORIAL HGWY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4555 W. IRLO BRONSON MEMORIAL HGWY  
KISSIMMEE, FL 34746 US

**FEI Number:** 26-0766905

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOJICA, RAFAEL  
4555 W. IRLO BRONSON MEMORIAL HGWY  
KISSIMMEE, FL 34746 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 P, PASTOR  
Name MOJICA, RAFAEL  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

Title VP, PASTOR  
Name MOJICA, CLARIBEL  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR  
Name BAEZ, RUTY  
Address 13802 AMBERLEIGH RD  
City-State-Zip: ORLANDO FL 32837

Title ASSOCIATE PASTOR  
Name MOJICA, ELIEZER  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

Title OFFICER  
Name TORRES, ROXXANA  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

Title TREASURER  
Name ROBLES, JEANETTE  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR  
Name MOJICA, JEFFNIEL  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

Title EXECUTIVE SECRETARY  
Name ARRIAGA VAZQUEZ, ROSA AMELIA  
Address 4555 W. IRLO BRONSON MEMORIAL HGWY  
City-State-Zip: KISSIMMEE FL 34746

*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:** RAFAEL MOJICA

**PRESIDENT**

**05/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date