

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

DOCUMENT# N19000001099

**Entity Name:** NATION OF FAITH CHRISTIAN ACADEMY CORP

**Current Principal Place of Business:**

4555 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4623 CABALERRO TRAIL  
KISSIMMEE, FL 34758

**FEI Number:** 85-1667131

**Certificate of Status Desired:** Yes

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

MOJICA, RAFAEL  
4555 W IRLO BRONSON MEMORIAL HWY  
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  
Name MOJICA, RAFAEL  
Address 4623 CABALERRO TRAIL  
City-State-Zip: KISSIMMEE FL 34758

Title VP  
Name MOJICA, CLARIBEL  
Address 4623 CABALERRO TRAIL  
City-State-Zip: KISSIMMEE FL 34758

Title ADM  
Name PARES SANTIAGO, YANIRA  
Address 3438 PUXTON DR  
City-State-Zip: ORLANDO FL 32824

Title T  
Name ROBLES, JEANETTE  
Address 2913 FAIRWEATHER WAY  
City-State-Zip: KISSIMMEE FL 34758

Title OFFICER  
Name MOJICA, JEFFNIEL  
Address 4555 W IRLO BRONSON MEMORIAL HWY  
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**

**06/29/2020**

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

\_\_\_\_\_  
Date