

2022 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:**4555 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746 US**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	4555 W IRLO BRONSON MEMORIAL HWY
City-State-Zip:	KISSIMMEE FL 34746

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

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****05/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date