

FLORIDA DEPARTMENT OF EDUCATION
COMMISSION FOR INDEPENDENT EDUCATION



Mail Completed Application to:
Florida Commission
for Independent Education
325 West Gaines Street, Suite 1414
Tallahassee, FL 32399

APPLICATION FOR RELIGIOUS INSTITUTION
LETTER OF EXEMPTION

SECTION 1005.06(1)(b), F.S./RULE 6E-5.001, Fla. Admin. Code

Please print or type.

Name of Religious Institution

UNITED CHRISTIAN OF AMERICA LLC

Physical Address of Religious Institution

6236 KINGS POINT PKWY STE 1

City: ORLANDO State: FL ZIP: 32819

Telephone Number:

Fax Number:

Email: * Website: * condato@unitedchristianofamerica.com

* If available

Mailing Address of Institution or Representative (if different from address listed above):

City: State: ZIP:

Name and Title of Person Executing Sworn Affidavit (Affiant must be an Officer,
Director or person holding similar office with the religious institution):

Name: SILVANO CARDOSE CORREA

Title: PASTOR

Page 1 of 2
CE Form 113, Effective June 22, 2009

Sworn Affidavit

By signing below, the undersigned swears or affirms that the statements found in
subparagraphs 1. through 5. are true and accurate:

1. The name of the institution includes a religious modifier or the name of a religious patriarch, saint, person, or symbol of the church.
2. The institution offers only educational programs that prepare students for religious vocations as ministers, professionals, or laypersons in the categories of ministry, counseling, theology, education, administration, music, fine arts, media communications, or social work.
3. Each degree title includes a religious modifier that immediately precedes, or is included within, any of the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Science, Doctor of Philosophy, and Doctor of Education. The religious modifier is placed on the title line of the degree, on the transcript, and whenever the title of the degree appears in official school documents or publications.
4. The duration of all degree programs offered by the institution is consistent with the standards of the Commission for Independent Education as set forth in Rule 6E-2.004(4), F.A.C.
5. The institution's consumer practices are consistent with those required by s. 1005.04, F.S.

Signed: Silvano P. Correa

NOTARIZATION

STATE OF ~~FLORIDA~~ New York COUNTY OF Suffolk

SWORN TO OR AFFIRMED before me this 29th day of August 2022

Personally known _____ or Produced Identification
 List type of Identification Produced

Passport

Signature of Notary: [Signature]

Print Name of Notary: McKinley Stacker IV

Page 2 of 2
CE Form 113, Effective June 22, 2009

