

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009936

Entity Name: REACCION EN CADENA MINISTRIES & IGLESIA CRISTIANA
GRACIA Y GLORIA INC.**FILED**
Apr 04, 2023
Secretary of State
0508834875CC**Current Principal Place of Business:**2560 S ELM AVE
SANFORD , FL 32773**Current Mailing Address:**PO BOX 390532
DELTONA, FL 32739-0532 US**FEI Number: 47-5032722****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FAMILIA, IRENE
1991 PRESCOTT BLVD
DELTONA, FL 32738 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	Title	VP
Name	FAMILIA, IRENE	Name	FAMILIA, JOSE L
Address	1991 PRESCOTT BLVD	Address	1991 PRESCOTT BLVD
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL 32738
Title	TREASURER	Title	SECRETARY
Name	TOLEDO, CARMEN E	Name	CARRERAS-ALOMAR, LAURIE
Address	3380 GOLDEN HILLS ST	Address	109 CAMILLA RD
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELAND FL 32724
Title	OFFICER	Title	OFFICER
Name	FELICIANO , SARA	Name	JIMENEZ , ROSA E
Address	117 EXETER CT	Address	420 W PENNSYLVANIA AVE
City-State-Zip:	SANFORD FL 32773	City-State-Zip:	LAKE HELEN FL 32744
Title	OFFICER	Title	OFFICER
Name	LOPEZ, RICARDO A	Name	TORRES, YOHARA
Address	349 FAIRFIELD DR	Address	111 RABUN CT
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32773

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: IRENE FAMILIA**PRESIDENT****04/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date