

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

DOCUMENT# N15000009936

**Entity Name:** REACCION EN CADENA MINISTRIES, INC.**Current Principal Place of Business:**109 EAST CRYSTAL LAKE AVE  
209  
LAKE MARY, FL 32746**Current Mailing Address:**1991 PRESCOTT BLVD  
DELTONA, FL 32738 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
Name	FAMILIA, IRENE
Address	1991 PRESCOTT BLVD
City-State-Zip:	DELTONA FL 32738

Title	VP
Name	FAMILIA, JOSE L
Address	1991 PRESCOTT BLVD
City-State-Zip:	DELTONA FL 32738

Title	TREASURER
Name	TOLEDO, CARMEN E
Address	3380 GOLDEN HILLS ST
City-State-Zip:	DELTONA FL 32738

Title	SECRETARY
Name	CARABALLO, JACQUELINE
Address	121 STERLING PINE ST
City-State-Zip:	SANFORD FL 32773-7428

Title	OFFICER
Name	FELICIANO, SARA
Address	2913 GOLDEN BIRCH LN
City-State-Zip:	LONGWOOD FL 32750

Title	OFFICER
Name	JIMENEZ , ROSA E
Address	3756 CRAWLEY DOWN LOOP, SANFORD FL 32773
City-State-Zip:	SANFORD FL 32773

Title	OFFICER
Name	LOPEZ, RICARDO A
Address	349 FAIRFIELD DR
City-State-Zip:	SANFORD FL 32771

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****06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date