## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009936

Entity Name: REACCION EN CADENA MINISTRIES & IGLESIA CRISTIANA

GRACIA Y GLORIA INC.

**Current Principal Place of Business:** 

2560 S ELM AVE SANFORD, FL 32773

2500 C FLM AVE

**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

FILED Apr 04, 2023

**Secretary of State** 

0508834875CC

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

NameLOPEZ, RICARDO ANameTORRES, YOHARAAddress349 FAIRFIELD DRAddress111 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