

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006610

**Entity Name:** DELIVERED IN NEW FAITH RECOVERY INC.

**Current Principal Place of Business:**

2719 MICHIGAN AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

9012 AVENUE POINTE CIRCLE  
208  
ORLANDO, FL 32821 US

**FEI Number:** 81-3875790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERA, YVONNE  
9037 AVENUE POINTE CIRCLE  
109  
ORLANDO, FL 32821 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:** YVONNE RIVERA

03/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name RIVERA, YVONNE  
Address 9037 AVENUE POINTE CIRCLE  
109  
City-State-Zip: ORLANDO FL 34744

Title GP  
Name TIFFANY, BAUTA  
Address 9037 AVENUE POINTE CIRCLE  
109  
City-State-Zip: ORLANDO FL 34744

Title VP  
Name RIVERA, EDWARD  
Address 9037 AVENUE POINTE CIRCLE  
109  
City-State-Zip: ORLANDO FL 34744

Title GP  
Name BAUTA, STEPHANIE  
Address 2821 SCENIC LAND  
City-State-Zip: KISSIMMEE FL 34744

*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:** YVONNE RIVERA

PROPERTY MANAGER

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date