

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008681

Entity Name: LIVING PRESENCE MINISTRIES, INC.**Current Principal Place of Business:**2228 NW 82 AVE
DORAL, FL 33122**Current Mailing Address:**2228 NW 82 AVE
DORAL, FL 33122 US**FEI Number:** 45-2822889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALD, CASTILLO & WALD, P.A.
9990 SW 77TH AVE.
220
DORAL, FL 33156 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:** DENNIS WALD, ESQ

02/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CASTRO, EDWIN
Address	10710 NW 66TH ST APT 307
City-State-Zip:	DORAL FL 33178

Title	VC
Name	CASTRO, MARIBEL L
Address	10710 NW 66TH ST APT 307
City-State-Zip:	DORAL FL 33178

Title	ELDER
Name	SILVA, JOSE
Address	928 SW 143 PL
City-State-Zip:	MIAMI FL 33184

Title	ELDER
Name	JUSTINIANO, ROLANDO
Address	12187 SW 124 CT
City-State-Zip:	MIAMI FL 33186

Title	SECRETARY
Name	CASTRO, GIOVANNY
Address	11067 NW 72ND TERR
City-State-Zip:	DORAL FL 33178

Title	TREASURER
Name	CRESPO, JOHN
Address	10700 NW 66 ST APT 407
City-State-Zip:	DORAL FL 33178

Title	ELDER
Name	PARDO, HECTOR J
Address	11067 NW 72 TR
City-State-Zip:	DORAL FL 33178

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: EDWIN CASTRO

PRESIDENT

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date