

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008681

**Entity Name:** LIVING PRESENCE MINISTRIES, INC.

**Current Principal Place of Business:**

7500 NW 25TH. STREET  
UNIT 11  
MIAMI, FL 33122

**Current Mailing Address:**

7500 NW 25TH. STREET  
UNIT 11  
MIAMI, FL 33122 US

**FEI Number:** 45-2822889

**Certificate of Status Desired:** No

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

EDWIN, CASTRO  
7500 NW 25TH. STREET  
UNIT 11  
MIAMI, FL 33122 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:** EDWIN CASTRO

03/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTRO, EDWIN  
Address        7451 NW 99TH CT  
City-State-Zip: DORAL FL 33178

Title            VC  
Name            CASTRO, MARIBEL L  
Address        7451 NW 99TH CT  
City-State-Zip: DORAL FL 33178

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

Title            TREASURER  
Name            CRESPO, JOHN  
Address        12850 SW 57TH AV  
City-State-Zip: CORAL GABLES FL 33156

Title            DIRECTOR  
Name            LEAL, KEVIN ANDREW  
Address        9339 WOODRUN ROAD  
City-State-Zip: PENSACOLA FL 32514

*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

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date