

**2013 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**FEI Number:** 45-2822889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, EDWIN  
10710 NW 66TH ST APT 307  
DORAL, FL 33178 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	CASTRO, EDWIN
Address	10710 NW 66TH ST APT 307
City-State-Zip:	DORAL FL 33178

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

Title	T
Name	MELENDEZ, MIGUEL
Address	4868 NW 108 CT
City-State-Zip:	DORAL FL 33178

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

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

Title	T
Name	CRESPO, JOHN
Address	10700 NW 66 ST APT 407
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****PRESEIDENT****01/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date