

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/13/2

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-13-2004 90006 044 ****61.25

DOCUMENT # N03000000908

1. Entity Name
MORNING STAR MINISTRY OF COCOA BEACH, INC.



66430975



Principal Place of Business
**333 WEST COCOA BEACH CSWY
SUITE 4
COCOA BEACH, FL 32931 US**

Mailing Address
**333 WEST COCOA BEACH CSWY
SUITE 4
COCOA BEACH, FL 32931 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3301710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARINO, VINCE P.
401 HOLMAN AVE.
CAPE CANAVERAL, FL 32920**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SCHRYER, JACK**
STREET ADDRESS **1200 TWIN OAKS**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **REGLING, SCOTT**
STREET ADDRESS **3833 SUNFLOWER CT.**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Delete
NAME **SCHRYER, TONITA**
STREET ADDRESS **1200 TWIN OAKS**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRES** ☐ Delete
NAME **MARINO, VINCENT P**
STREET ADDRESS **401 HOLMAN AVE.**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J.P. Marino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/4

DATE

321-868-7156

DAYTIME PHONE #