

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000000908

1. Entity Name

MORNING STAR MINISTRY OF COCOA BEACH, INC.



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



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

*Vince P. Marino MD*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/5

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000175380  
01/10/05-80048-015 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*V.P. Marino MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/5

Date

321-868-7170

Daytime Phone #