

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 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**



02142008 No Chg-NP

CR2E037 (4/06)

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

2-14-8

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000835708
02/29/08-80044-017 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
MARINO, VINCENT P
401 HOLMAN RD
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
CLARK, MICHAEL
3556 SANDPIPER LANE
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Vince P. Marino MD

2-14-8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #