


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000365</b> 1. Entity Name <b>PORTOFINO:ROCK MINISTRIES, INC.</b>	
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Principal Place of Business <b>1139 REAGAN VALLEY RD. TELLICO PLAINS, TN 37385</b>	Mailing Address <b>1139 REAGAN VALLEY RD. TELLICO PLAINS, TN 37385</b>
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01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3146777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**GRYZICH, SCOTT CPA  
1477 W. FAIRBANKS AVE.  
SUITE 200  
WINTER PARK, FL 32789**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD FANKHAUSER, DAVID 1139 REAGAN VALLEY ROAD TELLICO PLAINS, TN 37385
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, STEVE 1401 HORIZON COURT ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONHAM, JON 1115 REAGAN VALLEY ROAD TELLICO PLAINS, TN 37385
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, MARK 2434 SWEETWATER CC PLACE DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNDIFF, LYNN 2138 WEST 4620 SOUTH SALT LAKE CITY, UT 84119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHA, RANDALL 928 W. CHARING CROSS CIRCLE LAKE MARY, FL 32746

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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:** \_\_\_\_\_ **1/21/05 423-253-7101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #