
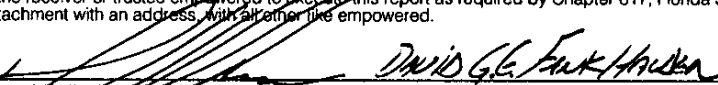


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90180 044 ****61.25

DOCUMENT # N92000000365					
1. Entity Name PORTOFINO:ROCK MINISTRIES, INC.					
Principal Place of Business 1139 REAGAN VALLEY RD. TELlico PLAINS, TN 37385			Mailing Address 1139 REAGAN VALLEY RD. TELlico PLAINS, TN 37385		
2. Principal Place of Business		3. Mailing Address		02162006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3146777	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRYZICH, SCOTT CPA 1477 W. FAIRBANKS AVE. SUITE 200 WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PMD NAME FANKHAUSER, DAVID STREET ADDRESS 1139 REAGAN VALLEY ROAD CITY-ST-ZIP TELLICO PLAINS, TN 37385	<input type="checkbox"/> Delete		TITLE D NAME Glenda Cundiff STREET ADDRESS 18 Cornerstone Dr. CITY-ST-ZIP Rome, GA 30165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ROBINSON, STEVE STREET ADDRESS 1401 HORIZON COURT CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME BONHAM, JON STREET ADDRESS 1115 REAGAN VALLEY ROAD CITY-ST-ZIP TELLICO PLAINS, TN 37385	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ANDREWS, MARK STREET ADDRESS 2434 SWEETWATER CC PLACE DRIVE CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CUNDIFF, LYNN STREET ADDRESS 2138 WEST 4620 SOUTH CITY-ST-ZIP SALT LAKE CITY, UT 84119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME EHA, RANDALL STREET ADDRESS 928 W. CHARING CROSS CIRCLE CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DAVID G. FANKHAUSER 3/4/06 423-253-7100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					