

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90107 011 ****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**

60002662



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3146777

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**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

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 May 1, 2007**

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

TITLE **PMD** ☐ Delete
NAME **FANKHAUSER, DAVID**
STREET ADDRESS **1139 REAGAN VALLEY ROAD**
CITY-ST-ZIP **TELLICO PLAINS, TN 37385**

TITLE **VD** ☐ Delete
NAME **ROBINSON, STEVE**
STREET ADDRESS **1401 HORIZON COURT**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **STD** ☐ Delete
NAME **BONHAM, JON**
STREET ADDRESS **1115 REAGAN VALLEY ROAD**
CITY-ST-ZIP **TELLICO PLAINS, TN 37385**

TITLE **D** ☐ Delete
NAME **ANDREWS, MARK**
STREET ADDRESS **2434 SWEETWATER CC PLACE DRIVE**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **D** ☐ Delete
NAME **CUNDIFF, GLENDA**
STREET ADDRESS **18 CORNERSTONE DR**
CITY-ST-ZIP **ROME, GA 30165**

TITLE **D** ☒ Delete
NAME **EHA, RANDALL**
STREET ADDRESS **928 W. CHARING CROSS CIRCLE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **JERRY HORST**
STREET ADDRESS **1212 CREEK ROAD**
CITY-ST-ZIP **LITITZ, PA 17543**

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **CUNDIFF, GLENDA**
STREET ADDRESS **#5 TALL PINES TER.**
CITY-ST-ZIP **ROME, GA 30165**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GE. FANKHAUSER

Date

Daytime Phone #

1/15/07 423-253-7100