## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9200000365

Entity Name: PORTOFINO: ROCK MINISTRIES, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
1139 REAG TELLICO PI	- AN VALLEY	'RD.	New Times	pair lace of Basilless.	
Current Mailing Address:			New Mailir	New Mailing Address:	
1139 REAG TELLICO PI					
FEI Number:	59-3146777	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GRYZICH, S 1477 W. FA SUITE 200 WINTER PA	IRBANKS A ARK, FL 32	NE. 789 US			
in the State		submits this statement for the purp	ose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
	Electro	onic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( HORST, JERI 1212 CREEK LITITZ, PA 1	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD ( ROBINSON, S 1401 HORIZO ORLANDO, F	ON COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BONHAM, JO 1115 REAGA	)Delete N N VALLEY ROAD NNS, TN 37385	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition BONHAM, JON 1115 REAGAN VALLEY ROAD TELLICO PLAINS, TN 37385	
Title: Name: Address: City-St-Zip:	ANDREWS, N	WATER CC PLACE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( CUNDIFF, GL 5 TALL PINES ROME, GA 3	STER	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition MOLLENHOUR, KEN 1568 THAYER ROAD ORTONVILLE, MI 48462	
Title: Name: Address: City-St-Zip:	FRANKHAUSI 1139 REAGAI	) Delete ER, DAVID N VALLEY RD NNS, TN 37385	Title: Name: Address: City-St-Zip:	PMB (X) Change ( ) Addition FANKHAUSER, DAVID 1139 REAGAN VALLEY RD TELLICO PLAINS, TN 37385	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FANKHAUSER PMB 01/20/2009