


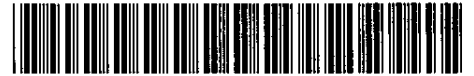
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90009 044 ****70.00

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| DOCUMENT # N0000001721 |  |
| 1. Entity Name MAKING MINISTRY HAPPEN, INC. | |

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|---|---|
| Principal Place of Business 1000 WINDERLEY PL., #151 MAITLAND FL 32751-4171 | Mailing Address 1000 WINDERLEY PL., #151 MAITLAND FL 32751-4171 |
|---|---|



MOORE CR2E037 (11/03)

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| 2. Principal Place of Business 1540 Sabal court Suite, Apt. #, etc. | 3. Mailing Address 1540 Sabal court Suite, Apt. #, etc. |
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|---------------------------------------|---------------------------------------|
| City & State Vero Beach Fl. | City & State Vero Beach Fl. |
|---------------------------------------|---------------------------------------|

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| 4. FEI Number 59-3639178 | Applied For <input type="checkbox"/> Not Applicable |
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|---------------------|--------------------------------|---------------------|--------------------------------|
| Zip 32963 | Country Indian River | Zip 32963 | Country Indian River |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FUHRMANN, CRAIG 1000 WINDERLEY PL., #151 MAITLAND FL 32751-4171 |
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| 7. Name and Address of New Registered Agent Name Fuhrmann, Craig Street Address (P.O. Box Number is Not Acceptable) 1540 Sabal Court City Vero Beach FL Zip Code 32963 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FUHRMANN, CRAIG 1000 WINDERLEY PL., #151 MAITLAND FL 32751-4171 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEAVER, JERRY 3425 QUAIL NEST CT. ORLANDO FL 32829 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRYAN, HOLMES 27256 PLEASANT HILL DR. HIGHLAND CA 92346 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FUHRMANN, JOLENE 1000 WINDERLEY PL., #151 MAITLAND FL 32751-4171 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Fuhrmann, Craig 1540 Sabal Court Vero Beach Fl. 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Weaver, Jerry 7612 Moss Point Ct. Denton, Texas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Fuhrmann, Jolene 1540 Sabal Court Vero Beach, Fl. 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: Craig Fuhrmann **401-875-2189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **234 4682**
Date **3/1/04** Daytime Phone #