


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001721

1. Entity Name
MAKING MINISTRY HAPPEN, INC.



Principal Place of Business 1540 SABAL COURT VERO BEACH, FL 32963	Mailing Address 1540 SABAL COURT VERO BEACH, FL 32963
--	--

DO NOT WRITE IN THIS SPACE



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3639178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FUHRMANN, CRAIG
 1540 SABAL COURT
 VERO BEACH, FL 32963**

DO NOT WRITE IN THIS SPACE

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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUHRMANN, CRAIG 1540 SABAL COURT VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, JERRY 7612 MOSS POINT CT DENTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, HOLMES 27256 PLEASANT HILL DR. HIGHLAND, CA 92346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUHRMANN, JOLENE 1540 SABAL COURT VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000337119
 04/27/05-80156-005 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/24/05 772 234 4682

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