


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001721

1. Entity Name
MAKING MINISTRY HAPPEN, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CRZE037 (11/05)

4. FEI Number Applied For
59-3639178 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUHRMANN, CRAIG
1540 SABAL COURT
VERO BEACH, FL 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 certifying)

Filing Fee is \$61.25 Due by May 1, 2006

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	

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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: Craig Fuhrmann Date: 4/25/06 Daytime Phone #: 772 234 4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR