

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001721 1. Entity Name MAKING MINISTRY HAPPEN, INC.	
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Principal Place of Business 1540 SABAL COURT VERO BEACH, FL 32963	Mailing Address 1540 SABAL COURT VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3639178	Applied For 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, 2007**

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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IN THIS SPACE**

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05/17/07-80004-017 70.00

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 **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #