
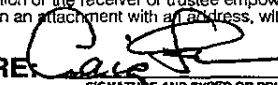


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Craig Fuhrmann 4/27/05 772 234 4682 <small>Date Daytime Phone #</small>



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

U000000337119
04/27/05-80156-005 70.00

**DO NOT WRITE
IN THIS SPACE**