

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

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



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3639178

Applied For
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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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**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
7812 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

U00000548621
05/12/06-80070-016 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Craig Fuhrmann 4/25/06 772 234 4682