

**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.



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



04242007 No Chg-NP

CR2E037 (4/06)

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**

**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

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

(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 PD
NAME FUHRMANN, CRAIG
STREET ADDRESS 1540 SABAL COURT
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D
NAME WEAVER, JERRY
STREET ADDRESS 7612 MOSS POINT CT
CITY-ST-ZIP DENTON, TX

TITLE D
NAME BRYAN, HOLMES
STREET ADDRESS 27256 PLEASENT HILL DR.
CITY-ST-ZIP HIGHLAND, CA 92346

TITLE S
NAME FUHRMANN, JOLENE
STREET ADDRESS 1540 SABAL COURT
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/07