

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001721

FILED
May 11, 2009
Secretary of State

Entity Name: MAKING MINISTRY HAPPEN, INC.

Current Principal Place of Business:

1540 SABAL COURT
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1540 SABAL COURT
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-3639178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FUHRMANN, CRAIG
1540 SABAL COURT
VERO BEACH, FL 32963 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUHRMANN, CRAIG
Address: 1540 SABAL COURT
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: WEAVER, JERRY
Address: 7612 MOSS POINT CT
City-St-Zip: DENTON, TX

Title: D () Delete
Name: BRYAN, HOLMES
Address: 27256 PLEASANT HILL DR.
City-St-Zip: HIGHLAND, CA 92346

Title: S () Delete
Name: FUHRMANN, JOLENE
Address: 1540 SABAL COURT
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG FUHRMANN

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date