

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003740

1. Entity Name

THE LAW OF THE HARVEST MINISTRIES, INC.

Principal Place of Business

6256 WINDING LAKE DRIVE
JUPITER FL 33458

Mailing Address

6256 WINDING LAKE DRIVE
JUPITER FL 33458

2. Principal Place of Business

7230 Gray Fox Drive

Suite, Apt. #, etc.

3. Mailing Address

7230 Gray Fox Drive

Suite, Apt. #, etc.

City & State

Cumming, GA 30040

City & State

Cumming, GA

Zip

30040

Country

Forsythe

Zip

30040

Country

Forsythe

4. FEI Number

65-0766808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, KEITH R ESQ.
530 S SUNCOAST BLVD
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME BABRICK, KENNETH
STREET ADDRESS 6256 WINDING LAKE DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE DST ☐ Delete
NAME BABRICK, HOLLY
STREET ADDRESS 6256 WINDING LAKE DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE DVP ☐ Delete
NAME BAILEY, STANLEY
STREET ADDRESS 12350 BROADLEAF COURT
CITY-ST-ZIP ALPHARETTA GA 30202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(i), 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:

Kenneth E. Babrick

April 30, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

702550



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)