


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003740</b>	
1. Entity Name <b>THE LAW OF THE HARVEST MINISTRIES, INC.</b>	

Principal Place of Business <b>7230 GRAY FOX DRIVE CUMMING, GA 30040</b>	Mailing Address <b>7230 GRAY FOX DRIVE CUMMING, GA 30040</b>
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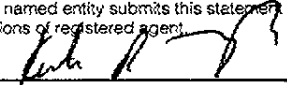
**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-NP CR2E037 (10/03)

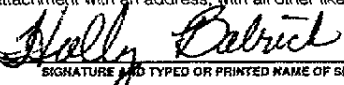
4. FEI Number <b>65-0766808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TAYLOR, KEITH R ESQ. 1143 N LYLE AVE CRYSTAL RIVER, FL 34429</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 	DATE <b>4/16/04</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<p><b>U000000121540</b> <b>04/20/04-80057-006 61.25</b></p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BABRICK, KENNETH 7230 GRAY FOX DR CUMMING, GA 30040	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BABRICK, HOLLY 7230 GRAY FOX DR CUMMING, GA 30040	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BAILEY, STANLEY 12350 BROADLEAF COURT ALPHARETTA, GA 30202	
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: 	<b>HOLLY BABRICK</b>	<b>4-13-04</b>	<b>678 455 4343</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>