

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # N97000003740	
1. Entity Name THE LAW OF THE HARVEST MINISTRIES, INC.	

Principal Place of Business 7230 GRAY FOX DRIVE CUMMING, GA 30040	Mailing Address 7230 GRAY FOX DRIVE CUMMING, GA 30040
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04102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  TAYLOR, KEITH R ESQ. 1143 N LYLE AVE CRYSTAL RIVER, FL 34429
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000521282  
05/02/06-80129-001 61.25

**DO NOT WRITE  
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: Holly R. Babrick Holly R. BABRICK 4-11-06 678-455-4363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #