

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004085

1. Entity Name

MARK JENKINS EVANGELISTIC MINISTRIES INTERNATIONAL

Principal Place of Business

2829 KEEL CT., APT. 107  
LANTANA FL 33462

Mailing Address

2829 KEEL CT., APT. 107  
LANTANA FL 33462-0902

2. Principal Place of Business

817 Glenridge Dr.  
Suite, Apt. #, etc.

3. Mailing Address

817 Glenridge Dr.  
Suite, Apt. #, etc.

City & State

West PALM BEACH, FL  
Zip Country

33405

PALM BEACH

City & State

West PALM BEACH, FL  
Zip Country

33405

PALM BEACH

4. FEI Number

35-1895700

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, MARK A  
2829 KEEL CT., APT. 107  
LANTANA FL 33462

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 PD ☐ Delete  
NAME JENKINS, MARK A  
STREET ADDRESS 2829 KEEL CT., APT. 107  
CITY-ST-ZIP LANTANA FL

TITLE VD ☐ Delete  
NAME JENKINS, DEBORAH K  
STREET ADDRESS 2829 KEEL CT., APT. 107  
CITY-ST-ZIP LANTANA FL

TITLE STD ☐ Delete  
NAME FOSTER, MARK  
STREET ADDRESS 3000 WALKING HORSE LANE  
CITY-ST-ZIP EVANSVILLE IN

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 817 Glenridge Dr.  
CITY-ST-ZIP West PALM BEACH, FL 33405

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 817 Glenridge Dr.  
CITY-ST-ZIP West PALM BEACH, FL 33405

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

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: Mark A. Jenkins MARK A. JENKINS President 5/2/00 (561) 493-3267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)