

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90054 013 \*\*\*\*70.00

**DOCUMENT # F96000004085**

1. Entity Name

**MARK JENKINS EVANGELISTIC MINISTRIES INTERNATIONAL**

Principal Place of Business

**817 GLENRIDGE DRIVE  
WEST PALM BEACH FL 33405**

Mailing Address

**817 GLENRIDGE DRIVE  
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**35-1895700**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, MARK A****2829 KEEL CT., APT. 107 817 GLENRIDGE DRIVE  
LANTANA FL 33402 WEST PALM BEACH FL  
33405**

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

**MARK JENKINS - President** *Mark A Jenkins***April 16, 01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **JENKINS, MARK A**  
CITY-ST-ZIP **2829 KEEL CT., APT. 107  
LANTANA FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **817 GLENRIDGE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **JENKINS, DEBORAH K**  
CITY-ST-ZIP **2829 KEEL CT., APT. 107  
LANTANA FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **817 GLENRIDGE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **FOSTER, MARK**  
CITY-ST-ZIP **3000 WALKING HORSE LANE  
EVANSVILLE IN**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 JENKINS** *Mark A Jenkins***April 16, 01** **(561) 493-3267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)