

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000004085**

1. Entity Name

**MARK JENKINS EVANGELISTIC MINISTRIES INTERNATIONAL  
AL, INC.**

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

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

P.O. Box 5386

Lake Worth, FL

33466-5386

6. Name and Address of Current Registered Agent

**JENKINS, MARK A  
817 GLENRIDGE DRIVE  
WEST PALM BEACH FL 33405**

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



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 817 GLENRIDGE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33405TITLE VD ☐ Delete  
NAME JENKINS, DEBORAH K  
STREET ADDRESS 817 GLENRIDGE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33405TITLE STD ☒ Delete  
NAME FOSTER, MARK  
STREET ADDRESS 3000 WALKING HORSE LANE  
CITY-ST-ZIP EVANSVILLE INTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/02

561.493.3267

CR2E037 (9/01)