

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001226

**Entity Name:** PREVAIL OUTREACH MINISTRIES, INC

**Current Principal Place of Business:**

4634 SUMMIT BLVD  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

3122 MAHAN DR  
STE 801-274  
TALLAHASSEE, FL 32308 US

**FEI Number: 81-5245084**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JOHNSON, ABE DR.  
ATTENTION: PREVAIL OUTREACH  
3122 MAHAN DR STE 801-274  
TALLAHASSEE, FL 32308 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DELOACH, BIANCA  
Address 3122 MAHAN DR  
STE 801-274 ATTN: PREVAIL  
OUTREACH  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER  
Name BAKER, JOSEPH  
Address 3122 MAHAN DR  
STE 801-274 ATTN: PREVAIL  
OUTREACH  
City-State-Zip: TALLAHASSEE FL 32308

Title EXECUTIVE SECRETARY  
Name COOLEY, T'MIKA  
Address 3122 MAHAN DR  
STE 801-274 ATTN: PREVAIL  
OUTREACH  
City-State-Zip: TALLAHASSEE FL 32308

Title COO  
Name THOMPSON, GIOVANNIA  
Address 3122 MAHAN DR  
STE 801-274 ATTN: PREVAIL  
OUTREACH  
City-State-Zip: TALLAHASSEE FL 32308

Title TR, ELDER  
Name JOHNSON, ABE DR.  
Address ATTENTION: PREVAIL OUTREACH  
3122 MAHAN DR STE 801- 274  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name PENU, SYLVIA  
Address 3122 MAHAN DR  
STE 801-274 ATTN: PREVAIL  
OUTREACH  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER  
Name LACROIX, ALINE  
Address 3122 MAHAN DR  
STE 801-274 ATTN: PREVAIL  
OUTREACH  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BIANCA DELOACH**

**PRESIDENT**

**09/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date