

2022 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	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	COO
Name	THOMPSON, GIOVANNIA
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: JOHNSON, ABE, DR**RA****04/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date