

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000000764

Entity Name: WHEN ALL ELSE FAILS INC.**Current Principal Place of Business:**14260 TAMiami TRAIL
SUITE 5
NORTH PORT, FL 34287**Current Mailing Address:**2861 COLONADE LN
NORTH PORT, FL 34286 US**FEI Number:** 86-1503720**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIS, JUSTIN C
2861 COLONADE LANE
2861 COLONADE LN
NORTH PORT, FL 34286 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	PRESIDENT, DIRECTOR, TREASURER
Name	WILLIS, JUSTIN C
Address	2861 COLONADE LANE
City-State-Zip:	NORTH PORT FL 34286

Title	VP, DIRECTOR
Name	ALLEN-EMRICH, ELAINE T
Address	5662 GABO RD
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	DOMKE, ELLEN
Address	5638 WHISPERING OAKS DR
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	WILLIS, CHRISTINE
Address	2861 COLONADE LN
City-State-Zip:	NORTH PORT FL 34286

Title	DIRECTOR
Name	CARUSONE, VANESSA
Address	5912 GOTTFRIED LANE
City-State-Zip:	NORTH PORT FL 34291

Title	SECRETARY, DIRECTOR
Name	BRYAN-INNES, MICHELLE
Address	4572 MCKAY ST
City-State-Zip:	NORTH PORT FL 34286

Title	DIRECTOR
Name	LANGDON, BARBARA
Address	4086 BILLINGHAM LN
City-State-Zip:	NORTH PORT FL 34288

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: JUSTIN C WILLIS**PRESIDENT****01/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date