

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000000764

Entity Name: WHEN ALL ELSE FAILS INC.

Current Principal Place of Business:

8902 TROPICAIRE BLVD
NORTH PORT, FL 34291

Current Mailing Address:

8902 TROPICAIRE BLVD
NORTH PORT, FL 34291 US

FEI Number: 86-1503720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIS, JUSTIN C
8902 TROPICAIRE BLVD
NORTH PORT, FL 34291 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 8902 TROPICAIRE BLVD
City-State-Zip: NORTH PORT FL 34291

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 8902 TROPICAIRE BLVD
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 SHAW, EMILY
Address 3213 JESSICA TER
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name NICHOLS, CANDACE
Address 5037 WHISPERING OAKS DR
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name ZAGROBELNY, KRISTYNA
Address 4161 FAIRWAY DR.
City-State-Zip: NORTH PORT FL 34287

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

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date