

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739743

FILED
Jan 10, 2009
Secretary of State

Entity Name: NATIONAL SENIOR WOMEN'S TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

738 COUNTRY LANE
HOUSTON, TX 77024 US

New Principal Place of Business:

Current Mailing Address:

738 COUNTRY LANE
HOUSTON, TX 77024 US

New Mailing Address:

FEI Number: 59-2041901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRAMLETTE, SUSAN
Address: 738 COUNTRY LANE
City-St-Zip: HOUSTON, TX 77024

Title: T () Delete
Name: SCHWARTZ, ANNE
Address: 11 FRUIT ST., APT D
City-St-Zip: NORTHAMPTON, MA 01060

Title: S () Delete
Name: GREER, PAT
Address: 2121 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: GUNDERSON, BELMAR
Address: 1052 PIONEER WAY WEST, BOX 455
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: PETERSEN, MARIAN
Address: 1609 N.W. 18TH STREET
City-St-Zip: BLUE SPRINGS, MO 64015

Title: D () Delete
Name: WOOD, CAROL
Address: 11760 GAINESBOROUGH ROAD
City-St-Zip: ROCKVILLE, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN F. BRAMLETTE

P

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date