

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739743

**Entity Name:** NATIONAL WOMEN'S TENNIS ORGANIZATION, INC.

**FILED**  
**Feb 10, 2022**  
**Secretary of State**  
**3339665764CC**

**Current Principal Place of Business:**

2121 S FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

P O BOX AA  
ELKTON, OR 97436 US

**FEI Number: 59-2041901**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST #4  
TALLAHASSEE, FL 32301 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 CO-PRESIDENT ELECT  
Name BARNHILL, ELIZABETH TREASURER  
Address 111 VIRGINA TERRACE  
City-State-Zip: MADISON WI 53726

Title DIRECTOR  
Name DEBORAH, BURGESS G  
Address 7200 S KARRINGTON DRIVE  
City-State-Zip: FRANKLIN WI 53132

Title DIRECTOR  
Name THU, JULIE  
Address 1002 REDBUD TRAIL  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name FERRELL, COLLEEN  
Address 5778 "AMARO DRIVE  
City-State-Zip: SAN DIEGO CA 92124

Title CO-PRESIDENT  
Name BARNES, ANDREA  
Address 1651 COLLEGE AVE.  
City-State-Zip: PALO ALTO CA 94306

Title COMPTROLLER  
Name THERRIEN, YOLANDA F  
Address P O BOX AA  
City-State-Zip: ELKTON OR 97436

Title DIRECTOR  
Name DEAN, KIM  
Address 160 NORTHCREST DRIVE  
City-State-Zip: NEWMAN GA 30265

Title DIRECTOR  
Name GRANT, CHRISTINE  
Address 151 BROOKS BEND  
City-State-Zip: PRINCETON NJ 08540

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*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: YOLANDA THERRIEN**

**CPA**

**02/10/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CO-PRESIDENT ELECT  
Name HARRIS, LOIS  
Address 5631 WARWOOD DRIVE  
City-State-Zip: ROANOKE VA 24018

Title DIRECTOR  
Name SMASHEY, KAYSIE  
Address 5223 FAIRWAY DRIVE  
City-State-Zip: SAN ANGELO TX 76904

Title DIRECTOR  
Name ARMSTRONG, LOU  
Address 3570 NW 17 COURT  
City-State-Zip: FT LAUDERDALE FL 33311

Title DIRECTOR  
Name OELSCHLAGER, JOAN  
Address 5902 MOUNT EAGLE DR., #1208  
City-State-Zip: ALEXANDRIA VA 22303

Title DIRECTOR  
Name KOTZ, LIZL  
Address 19 JOGGLING ST  
City-State-Zip: MT PLEASANT SC

Title DIRECTOR  
Name WEINER, KARIN  
Address 1 HEMLOCK LANE  
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR  
Name DIXON, JUDY  
Address 4 KINGMAN ROAD  
City-State-Zip: AMHERST MA 01002

Title DIRECTOR  
Name POLISKY, ANDREA  
Address 57 ROCIO COURT  
City-State-Zip: PALM DESERT CA 92260