

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739743

FILED
Feb 19, 2021
Secretary of State
8091152736CC

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

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 MURVEIT, LESLIE
Address 220 ERICA WAY
City-State-Zip: PORTOLA VALLEY CA 94028

Title DIRECTOR
Name MCEVOY, VICKY
Address 18 HIGHLAND ST
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR
Name YEE, ALISA
Address 2714 FULTON STREET
City-State-Zip: SAN FRANCISCO CA 94118

Title DIRECTOR
Name ZIMMERMAN, ANNA
Address 210 WELLINGTON RD
City-State-Zip: INDIANAPOLIS IN 46260

Continues on page 2

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 F THERRIEN

CPA

02/19/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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