

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214554514

1.) CORPORATION NAME:

the Richmond Suburban Ladies Tennis League

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANN MICHELE SWEENEY
5733 SHADY MILL WAY
GLEN ALLEN, VA**

SCC ID NO: **07316011**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5733 SHADY MILL WAY

CITY/ST/ZIP: GLEN ALLEN, VA 23059

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ANN MICHELE SWEENEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5733 SHADY MILL WAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		

NAME:	LORRAINE BARLOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2705 SCHOONER CT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23233		

NAME:	MARTY BEVERLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5201 ASHTON CREEK RD		
CITY/ST/ZIP/CO:	CHESTER, VA 23831		

NAME:	DONNA BOYKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4504 DALAT CT		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	KARA BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9069 KINGS CHARTER DR		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	SUSAN EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	813 COLONY BLUFF PLACE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA FRAZIER DIRECTOR 4909 WINDY HOLLOW WAY GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LEE GAY DIRECTOR 6802 UNIVERSITY DR RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE GILFILLAN DIRECTOR 4007 POPLAR GROVE RD MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSY GOODREAU DIRECTOR 12103 WEXWOOD PL RICHMOND, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOLLY GRAHAM DIRECTOR 3709 PENMARDEL CT RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY HARCUM DIRECTOR 1406 MELICK RIDGE CT MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURIE HUIZENGA DIRECTOR 4120 HILLCREST RD RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSEY JAMES DIRECTOR 11210 WARREN VIEW RD RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE JOHNSON DIRECTOR 5512 SILVER BIRCH LANE MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICKY KELLER DIRECTOR 1517 HARBOROUGH RD RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE LAHY DIRECTOR 223 ROSS RD RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE LEOPOLD DIRECTOR 11504 LONGVIEW LANDING DR RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL LIPSCOMB DIRECTOR 9507 CHATTERLEIGH DR RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA MASON DIRECTOR 8701 PARK CENTRAL DR #400 RICHMOND, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMANTHA MIER DIRECTOR 6 BISLEY CT RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE MORRIS DIRECTOR 402 HENRI RD RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANET POMMERSHIEM DIRECTOR 105 BERKSHIRE RD RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENEE RIGGS DIRECTOR 7626 SWEETBRIAR RD RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSIE TROTTER DIRECTOR 9956 DURYEY DRIVE RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE VALIQUETT DIRECTOR 12008 VALLEYBROOK DR RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONYA WADE DIRECTOR 14125 RIVERDOWNS NORTH TERR MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LILLIE WAUFORD DIRECTOR 2411 BRAEMAR CT MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE WINEFORDNER DIRECTOR 19111 PARK FOREST WAY GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM WRIGHT DIRECTOR 9567 PLATEAU PL MECHANICSVILLE, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANN MICHELE SWEENEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANN MICHELE SWEENEY, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	12/30/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.