

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008614

**Entity Name:** WOMEN'S LEADERSHIP ALLIANCE, INC.

**Current Principal Place of Business:**

131 2ND AVE NORTH, SUITE 200  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

PO BOX 55186  
SAINT PETERSBURG, FL 33732 US

**FEI Number: 81-3732234**

**Certificate of Status Desired: No**

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

CHRISTENSEN, TRACY OPERATIONS MANAGER  
701 77TH AVENUE N  
PO BOX 55186  
ST PETERSBURG, FL 33732 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:** TRACY CHRISTENSEN

04/02/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CARTER, MARY  
Address 131 2ND AVE NORTH, SUITE 200  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DV  
Name STEPHENS, SHERRI  
Address 5206 GATEWAY CENTRE  
City-State-Zip: FLINT MI 48507

Title DVS  
Name MCGEE, JUDITH  
Address 12455 SW 68TH AVENUE  
City-State-Zip: PORTLAND OR 97223

Title DV  
Name STARNER, MARGARET  
Address 2333 PONCE DE LEON BLVD, SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title D, V, VP  
Name PAGE, DANIELLE  
Address 165 TOWNSHIP LINE RD #1500  
City-State-Zip: JENKINTOWN PA 19046

Title D, V  
Name MILLER, KATHLEEN  
Address 11 TENTH AVENUE  
City-State-Zip: KIRKLAND WA 98033

Title D, V, PRESIDENT  
Name BOUSKA, KIMBERLEE  
Address 17877 NW EVERGREEN PKWY  
City-State-Zip: BEAVERTON OR 97006

Title DIRECTOR, TREASURER  
Name BAKER, ELLENORE  
Address 12222 MERIT DRIVE  
City-State-Zip: DALLAS TX 75251

**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:** TRACY CHRISTENSEN

OPERATIONS MANAGER

04/02/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KELLEY, TERI  
Address 14850 N. SCOTTSDALE ROAD  
City-State-Zip: SCOTTSDALE AZ 85254

Title DIRECTOR  
Name WEBB, LAURA  
Address 28 COVEWOOD RD  
City-State-Zip: ASHEVILLE NC 28805

Title OTHER  
Name CHRISTENSEN, TRACY  
Address 12004 MIDDLEBURY DRIVE  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name O'NEAL, NINA  
Address 421 N HARRINGTON ST SUITE 630  
City-State-Zip: RALEIGH NC 27603

Title DIRECTOR  
Name GREY, PAMELA  
Address 6791 SW 179TH COURT ROAD  
City-State-Zip: DUNNELLON FL 34432