

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002674

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE MATLACHA HOOKERS, INC.

Current Principal Place of Business:

3563 RUBY AVENUE
ST. JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 65-1121335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTON, LISA
3563 RUBY AVENUE
ST. JAMES CITY, FL 33956 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: PD () Delete
Name: BENTON, LISA
Address: 3563 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: DV () Delete
Name: SIENKOWSKI, RITA
Address: 7685 FARRELL ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: TD () Delete
Name: MARUD, BELINDA
Address: 5361 SERENITY COVE
City-St-Zip: BOKEELIA, FL 33922

Title: SD () Delete
Name: BRUNER, SANDRA PHD
Address: 5090 GENESSEE PKWY
City-St-Zip: BOKEELIA, FL 33922

Title: C () Delete
Name: HANKS, DEE
Address: 20866 WHEELLOCK DRIVE
City-St-Zip: N. FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: HANKS, DEE
Address: 20866 WHEELLOCK DRIVE
City-St-Zip: N. FT. MYERS, FL 33917

Title: TD (X) Change () Addition
Name: RIORDAN, BARBARA
Address: 2312 SYCAMORE STREET
City-St-Zip: ST. JAMES CITY, FL 33956

Title: SD (X) Change () Addition
Name: LUCK, BARBARA
Address: 3817 CEITUS PARKWAY
City-St-Zip: CAPE CORAL, FL 33991

Title: C (X) Change () Addition
Name: LILLY, ROBIN
Address: 5849 MEADOW LARK LANE
City-St-Zip: BOKEELIA, FL 33922

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: LISA BENTON

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date