

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N01000002674

**Apr 13, 2024**

**Entity Name:** THE MATLACHA HOOKERS, INC.

**Secretary of State**

**3321107907CC**

**Current Principal Place of Business:**

2745 SANDERLING COURT  
SAINT JAMES CITY, FL 33956

**Current Mailing Address:**

P.O. BOX 111  
MATLACHA, FL 33993

**FEI Number: 65-1121335**

**Certificate of Status Desired: No**

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

BOHACEK, LINDA KAY  
2745 SANDERLING COURT  
SAINT JAMES CITY, FL 33956 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: LINDA BOHACEK**

**04/13/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOHACEK, LINDA KAY  
Address        2745 SANDERLING COURT  
City-State-Zip: SAINT JAMES CITY FL 33956

Title            VP  
Name            RYZANYCH, CAROLYN  
Address        5600 BLYTH COURT  
City-State-Zip: BOKEELIA FL 33922

Title            TREASURER  
Name            SYRING, DEB  
Address        5224 SOUTHWEST 19TH AVENUE  
City-State-Zip: CAPE CORAL FL 33914

Title            SECRETARY  
Name            KOCHEL, MONICA  
Address        1057 WINDING PINES CIRCLE  
                         UNIT 201  
City-State-Zip: CAPE CORAL FL 33909

Title            CHAPLAIN  
Name            VANKIRK, ANNA  
Address        BERKSHIRE ROAD  
City-State-Zip: SAINT JAMES CITY FL 33956

Title            DIRECTOR  
Name            CHAPPLE, TRACY  
Address        7980 GABION COURT  
City-State-Zip: BOKEELIA FL 33922

Title            DIRECTOR  
Name            LAMAGNA, KELLY  
Address        7462 PENTZ ROAD  
City-State-Zip: BOKEELIA FL 33922

Title            DIRECTOR  
Name            TRUSIK, DONNA  
Address        6741 CAPRI LANE  
City-State-Zip: BOKEELIA FL 33922

**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: LINDA KAY BOHACEK**

**PRESIDENT**

**04/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TIDWELL, LORAH M  
Address 12930 TIFFANY ROAD  
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR  
Name CONNER, DARCY  
Address 5348 SERENITY COVE  
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR  
Name BOYER, JOYCE  
Address 14432 CLUBHOUSE DRIVE  
City-State-Zip: BOKEELIA FL 33922