


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000332

1. Entity Name
QUANTICO MARINE ATHLETES OF THE SIXTIES, INC.



Principal Place of Business
**4620 MANOR VIEW DRIVE
 LEESBURG, FL 34748**

Mailing Address
**4620 MANOR VIEW DRIVE
 LEESBURG, FL 34748**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0443752

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRINGTON, GENE
 4620 MANOR VIEW DRIVE
 LEESBURG, FL 34748**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

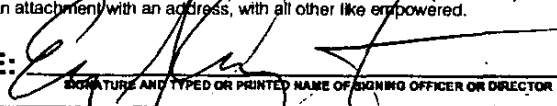
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARRINGTON, GENE
STREET ADDRESS	4620 MANOR VIEW DRIVE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	CONTI, ED
STREET ADDRESS	2291 BOBBY COURT
CITY-ST-ZIP	OREFIELD, FL 18069
TITLE	D
NAME	OPKA, JOHN
STREET ADDRESS	158 LESLIE DRIVE
CITY-ST-ZIP	HUBERT, NC 28539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/18/08-80037-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Jan 17, 2008** Daytime Phone #: **352-787-5885**