

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2009
Secretary of State**

DOCUMENT# N03000000332

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

Current Principal Place of Business:

4620 MANOR VIEW DRIVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

111 NAVY CIRCLE
MT. JUILET, TN 37122

New Mailing Address:

FEI Number: 03-0443752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRINGTON, GENE
4620 MANOR VIEW DRIVE
LEESBURG, FL 34748 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: D () Delete
Name: CARRINGTON, GENE
Address: 4620 MANOR VIEW DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: CONTI, ED
Address: 2291 BOBBY COURT
City-St-Zip: OREFIELD, FL 18069

Title: D () Delete
Name: KOPKA, JOHN
Address: 158 LESLIE DRIVE
City-St-Zip: HUBERT, NC 28539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GENE CARRINGTON

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date