

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000564

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: ORDER OF ZEUS, INC.

## Current Principal Place of Business:

P.O. BOX 13695  
PENSACOLA, FL 32591

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 13695  
PENSACOLA, FL 32591

## New Mailing Address:

FEI Number: 59-3151640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, JOHN PRES  
916 NORTH PACE BLVD  
PENSACOLA, FL 32505 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: THOMAS, JOHN  
Address: 916 N PACE BLVD  
City-St-Zip: PENSACOLA, FL 32505

Title: VD ( ) Delete  
Name: LAMBERT, THOMAS  
Address: 1308 EAST BOBE STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: STD ( ) Delete  
Name: GUNN, RONALD  
Address: P.O. BOX 2  
City-St-Zip: SUMMERDALE, AL 35680

Title: 2VD (X) Delete  
Name: DOUGLAS, TOMMY  
Address: 4344 CAMEO DRIVE  
City-St-Zip: PACE, FL 32571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: HOPSON, DAVID  
Address: 1700 E HENANDEZ STREET  
City-St-Zip: PENSACOLA, FL 32503

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 for the exemption stated in Section 119.07(3)(i), 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: RONALD GUNN

STD

03/15/2005

Electronic Signature of Signing Officer or Director

Date