


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90243 027 \*\*\*\*61.25

DOCUMENT # N00000007732			
1. Entity Name APOLOGETICS, INC.			
Principal Place of Business 1957 SOURWOOD BLVD. DUNEDIN, FL 34698		Mailing Address 1957 SOURWOOD BLVD. DUNEDIN, FL 34698	
2. Principal Place of Business <i>2430 Welbilt Blvd</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Trinity, FL</i>		City & State	
Zip <i>34655</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <b>59-3704883</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, THOMAS E 1957.SOURWOOD BLVD. DUNEDIN, FL 34698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODD, JOHN E	NAME	
STREET ADDRESS	27 MISTY GROVE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SPRING, TX 77380	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOUGH, JAMES B	NAME	
STREET ADDRESS	21 IDLEWILD ST.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH, FL 33767	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITZ, DONALD	NAME	
STREET ADDRESS	2501 LAURELWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITZ, NANCY	NAME	
STREET ADDRESS	2501 LAURELWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAMIS, WILLIAM	NAME	
STREET ADDRESS	1292 RALEIGH CT.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, THOMAS E	NAME	<i>P/D/C</i>
STREET ADDRESS	1957 SOURWOOD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Thomas E. Woodward</i>		Thomas E. Woodward <i>4/20/05</i> <i>727-376-6911</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

# ATTACHMENT

20044274

# N00000007732

Apologetics, Inc.  
d/b/a C. S. Lewis Society  
FEI 59-3704883  
Officer/Director Additions  
2005 Not-For-Profit Annual Report

Title V  
Name Richard Akin  
Street Address 2338 Stag Run Blvd  
City-St-Zip Clearwater, FL 33765

Title D  
Name Jim Avery  
Street Address 1250 Broadway - 7<sup>th</sup> Floor  
City-St-Zip New York, NY 10001

Title D  
Name Pat Halpin  
Street Address 3230 Maple St. NE  
City-St-Zip St. Petersburg, FL 33704

Title D  
Name Jim Larsen  
Street Address 1640 Midnight Pass Way  
City-St-Zip Clearwater, FL 33755

Title D  
Name Jo Anne Larsen  
Street Address 1640 Midnight Pass Way  
City-St-Zip Clearwater, FL 33755

Title D  
Name Dudley Salley  
Street Address 203 East Valley Road  
City-St-Zip Rome, GA 30161