


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90094 003 \*\*\*\*61.25

<b>DOCUMENT # N00000007732</b>					
1. Entity Name <b>APOLOGETICS, INC.</b>					
Principal Place of Business 2430 WEBBLET BIRD - 2430 Webblet Blvd TRINITY, FL 34655			Mailing Address 1957 SOURWOOD BLVD. DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3704883</b>	
Zip		Country		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		
<b>WOODWARD, THOMAS E</b> 1957 SOURWOOD BLVD. DUNEDIN, FL 34698			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <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 <i>Thomas E. Woodward</i>		DATE <i>April 24 '07</i>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 checked="" type="checkbox"/> Addition		
NAME	<b>CODD, JOHN E</b>	NAME	<i>Fred Cutting</i>		
STREET ADDRESS	<b>27 MISTY GROVE CIRCLE</b>	STREET ADDRESS	<i>1801 Oak Forest Dr.</i>		
CITY-ST-ZIP	<b>SPRING, TX 77380</b>	CITY-ST-ZIP	<i>Clearwater, FL 33579</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MCCULLOUGH, JAMES B</b>	NAME	<i>Joe Amrile</i>		
STREET ADDRESS	<b>21 IDLEWILD ST.</b>	STREET ADDRESS	<i>2383 Lake Heather Heights Court</i>		
CITY-ST-ZIP	<b>CLEARWATER BCH, FL 33767</b>	CITY-ST-ZIP	<i>Dunedin, FL 34698</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SMITZ, DONALD</b>	NAME	<i>Jim &amp; JoAnne Larsen</i>		
STREET ADDRESS	<b>2501 LAURELWOOD LANE</b>	STREET ADDRESS	<i>1640 Midnight Pass Way</i>		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	<i>Clearwater, FL 33765</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SMITZ, NANCY</b>	NAME	<i>Debbie Lichtenberg</i>		
STREET ADDRESS	<b>2501 LAURELWOOD LANE</b>	STREET ADDRESS	<i>1932 Nugget Dr</i>		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	CITY-ST-ZIP	<i>Clearwater, FL 33755</i>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>TSAMIS, WILLIAM</b>	NAME	<i>Dr Dudley Salley</i>		
STREET ADDRESS	<b>1292 RALEIGH CT.</b>	STREET ADDRESS	<i>203 East Valley Rd.</i>		
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	CITY-ST-ZIP	<i>Rome, GA 30161-7011</i>		
TITLE	PDC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WOODWARD, THOMAS E</b>	NAME	<i>George Nicholas</i>		
STREET ADDRESS	<b>1957 SOURWOOD BLVD.</b>	STREET ADDRESS	<i>12322 Cassowary Lane</i>		
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	<i>Spring Hill, FL 34610</i>		
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: <i>Thomas E. Woodward</i>		DATE: <i>April 24, '07</i>		DAYTIME PHONE #: <i>727-642-8574</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	