

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007732

FILED
Apr 16, 2009
Secretary of State

Entity Name: APOLOGETICS, INC.

Current Principal Place of Business:

2430 WEIBILT BIRD
TRINITY, FL 34655

New Principal Place of Business:

2430 WELBILT BLVD
TRINITY, FL 34655

Current Mailing Address:

1957 SOURWOOD BLVD.
DUNEDIN, FL 34698

New Mailing Address:

2430 WELBILT BLVD
TRINITY, FL 34655

FEI Number: 59-3704883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, THOMAS E
1957 SOURWOOD BLVD.
DUNEDIN, FL 34698 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: CODD, JOHN E
Address: 27 MISTY GROVE CIRCLE
City-St-Zip: SPRING, TX 77380

Title: D () Delete
Name: MCCULLOUGH, JAMES B
Address: 21 IDLEWILD ST.
City-St-Zip: CLEARWATER BCH, FL 33767

Title: D () Delete
Name: SMITZ, DONALD
Address: 2501 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SMITZ, NANCY
Address: 2501 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CUTTING, FRED
Address: 1801 OAK FOREST DR.
City-St-Zip: CLEARWATER, FL 33579

Title: PDC () Delete
Name: WOODWARD, THOMAS E
Address: 1957 SOURWOOD BLVD.
City-St-Zip: DUNEDIN, FL 34698

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:

Title: () Change () Addition
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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: THOMAS E WOODWARD

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date