

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007732

**Entity Name:** APOLOGETICS, INC.

**Current Principal Place of Business:**

2430 WELBILT BLVD  
TRINITY, FL 34655

**FILED**  
**Mar 06, 2016**  
**Secretary of State**  
**CC7609348923**

**Current Mailing Address:**

2430 WELBILT BLVD  
TRINITY, FL 34655

**FEI Number: 59-3704883**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOODWARD, THOMAS E  
1957 SOURWOOD BLVD.  
DUNEDIN, FL 34698 US

*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

**Officer/Director Detail :**

Title D  
Name CODD, JOHN E  
Address 9708 W PARK VILLAGE DR  
City-State-Zip: TAMPA FL 33626

Title D  
Name BRUMBY, CLAYTON  
Address 1463 GEORGETOWN RD.  
City-State-Zip: SARASOTA FL 34232

Title D  
Name HUHTA, JAMES DR.  
Address 3915 AMERICANA LANE  
City-State-Zip: TAMPA FL 33634

Title D  
Name CUTTING, FRED  
Address 1801 OAK FOREST DR.  
City-State-Zip: CLEARWATER FL 33579

Title D  
Name NICHOLAS, GEORGE  
Address 12322 CASSOWARY LN  
City-State-Zip: SPRING HILL FL 34610

Title SECRETARY  
Name LICHTENBERG, DEBBIE  
Address 1932 NUGGET DRIVE  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name GAY, GREGORY ESQ.  
Address 5318 BALSAM ST.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name LYNN, LON  
Address 6113 CEZANNE AVE.  
City-State-Zip: LUTZ FL 33549

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS E. WOODWARD**

**PRESIDENT**

**03/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            WOODWARD, THOMAS E DR.  
Address        1957 SOURWOOD BLVD.  
City-State-Zip: DUNEDIN FL 34698

Title            DIRECTOR  
Name            PIPLITZ, ROBERT  
Address        12603 STILLWATER TERR.DR.  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            FORD, JEFFERSON  
Address        9324 EDISTRO PL  
City-State-Zip: NEW PORT RICHEY FL 34654