## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007732

Entity Name: APOLOGETICS, INC.

**Current Principal Place of Business:** 

2430 WELBILT BLVD TRINITY. FL 34655

**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

FILED Apr 14, 2014

**Secretary of State** 

CC1881500175

Officer/Director Detail:

Title D Title

Name CODD, JOHN E Name MCCULLOUGH, JAMES B

Address 9708 W PARK VILLAGE DR Address 21 IDLEWILD ST.

City-State-Zip: TAMPA FL 33626 City-State-Zip: CLEARWATER BCH FL 33767

Title D Title D

NameBRUMBY, CLAYTONNameHUHTA, JAMES DR.Address1463 GEORGETOWN RD.Address3915 AMERICANA LANECity-State-Zip:SARASOTA FL 34232City-State-Zip:TAMPA FL 33634

Title D Title D

NameCUTTING, FREDNameNICHOLAS, GEORGEAddress1801 OAK FOREST DR.Address12322 CASSOWARY LNCity-State-Zip:CLEARWATER FL 33579City-State-Zip:SPRING HILL FL 34610

Title SECRETARY Title DIRECTOR

Name LICHTENBERG, DEBBIE Name GAY, GREGORY ESQ.

Address 1932 NUGGET DRIVE Address 5318 BALSAM ST.

City-State-Zip: CLEARWATER FL 33755 City-State-Zip: NEW PORT RICHEY FL 34652

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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** 

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title PRESIDENT

Name LYNN, LON Name WOODWARD, THOMAS E DR.

Address 6113 CEZANNE AVE. Address 1957 SOURWOOD BLVD.

City-State-Zip: LUTZ FL 33549 City-State-Zip: DUNEDIN FL 34698