

**2019 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 21, 2019**  
**Secretary of State**  
**9939281794CC**

**Current Mailing Address:**

2430 WELBILT BLVD  
TRINITY, FL 34655

**FEI Number: 59-3704883**

**Certificate of Status Desired: Yes**

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

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

Title DIRECTOR, CHAIRMAN  
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

Title DIRECTOR  
Name GIORDANO, JOHN  
Address P O BOX 3913  
City-State-Zip: TAMPA FL 33601-3913

**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**

**EXECUTIVE DIRECTOR**

**03/21/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OVERTON, STEVEN  
Address 3121 LAKESTONE DR.  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name GILLS, JAMES DR.  
Address 512 DRIFTWOOD CIRCLE  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name SHERMETA, CANDACE MRS.  
Address 302 LIVE OAK LN.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name KENNEDY, KARA MRS.  
Address 3618 OLDE LANARK DR.  
City-State-Zip: LAND O' LAKES FL 34638

Title DIRECTOR  
Name KONRAD, WILLIAM DR.  
Address 2126 BLUE BEECH COURT  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name SHERMETA, ROBERT DR.  
Address 301 LIVE OAK LN  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name BILLINGSLEY, JEFF MR.  
Address 4886 FOUNDERS DR.  
City-State-Zip: GROVEPORT OH 43125

Title DIRECTOR, PRESIDENT  
Name ENGELHARDT, DAVID MR.  
Address 10719 BEAGLE RUN PL.  
City-State-Zip: TAMPA FL 33626