

**2021 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**  
**Feb 03, 2021**  
**Secretary of State**  
**8474507163CC**

**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 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 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, ROBERT DR.  
Address 301 LIVE OAK LN  
City-State-Zip: LARGO FL 33770

**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 WOODWARD**

**EXECUTIVE DIRECTOR**

**02/03/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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