

**2022 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 23, 2022**  
**Secretary of State**  
**3495174378CC**

**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           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, FOUNDER & SENIOR  
LECTURER  
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           KENNEDY, KARA MRS.  
Address        3618 OLDE LANARK DR.  
City-State-Zip: LAND O' LAKES FL 34638

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

Title           DIRECTOR  
Name           LUHRSEN, DAVE  
Address        4000 E. FLETCHER AVE  
                  APT. H306  
City-State-Zip: TAMPA FL 33613

Title           DIRECTOR  
Name           BECKWITH, TOM  
Address        5728 OAKHURST DR  
City-State-Zip: SEMINOLE FL 33772

**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**

**DIRECTOR**

**02/23/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT

Name            SHERRARD, MICHAEL

Address        145 OLD MAGNOLIA LN

City-State-Zip: FAYETTEVILLE GA 30214