

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90243 027 ****61.25

DOCUMENT # N00000007732 1. Entity Name APOLOGETICS, INC.			
Principal Place of Business 1957 SOURWOOD BLVD. DUNEDIN, FL 34698		Mailing Address 1957 SOURWOOD BLVD. DUNEDIN, FL 34698	
2. Principal Place of Business 2430 Welbilt Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Trinity, FL		City & State	
Zip 34655		Country USA	
4. FEI Number 59-3704883		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, THOMAS E 1957. SOURWOOD BLVD. DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete CODD, JOHN E 27 MISTY GROVE CIRCLE SPRING, TX 77380	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete MCCULLOUGH, JAMES B 21 IDLEWILD ST. CLEARWATER BCH, FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete SMITZ, DONALD 2501 LAURELWOOD LANE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete SMITZ, NANCY 2501 LAURELWOOD LANE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete TSAMIS, WILLIAM 1292 RALEIGH CT. TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete WOODWARD, THOMAS E 1957 SOURWOOD BLVD. DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D/C
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Thomas E. Woodward</u> Thomas E. Woodward 4/20/05 727-376-6911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

20044274

N00000007732

Apologetics, Inc.
d/b/a C. S. Lewis Society
FEI 59-3704883
Officer/Director Additions
2005 Not-For-Profit Annual Report

Title V
Name Richard Akin
Street Address 2338 Stag Run Blvd
City-St-Zip Clearwater, FL 33765

Title D
Name Jim Avery
Street Address 1250 Broadway - 7th Floor
City-St-Zip New York, NY 10001

Title D
Name Pat Halpin
Street Address 3230 Maple St. NE
City-St-Zip St. Petersburg, FL 33704

Title D
Name Jim Larsen
Street Address 1640 Midnight Pass Way
City-St-Zip Clearwater, FL 33755

Title D
Name Jo Anne Larsen
Street Address 1640 Midnight Pass Way
City-St-Zip Clearwater, FL 33755

Title D
Name Dudley Salley
Street Address 203 East Valley Road
City-St-Zip Rome, GA 30161