

2013 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**Officer/Director Detail :**

Title	D
Name	CODD, JOHN E
Address	9708 W PARK VILLAGE DR
City-State-Zip:	TAMPA FL 33626

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

Title	D
Name	CUTTING, FRED
Address	1801 OAK FOREST DR.
City-State-Zip:	CLEARWATER FL 33579

Title	SECRETARY
Name	LICHTENBERG, DEBBIE
Address	1932 NUGGET DRIVE
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	MCCULLOUGH, JAMES B
Address	21 IDLEWILD ST.
City-State-Zip:	CLEARWATER BCH FL 33767

Title	D
Name	HUHTA, JAMES DR.
Address	3915 AMERICANA LANE
City-State-Zip:	TAMPA FL 33634

Title	D
Name	NICHOLAS, GEORGE
Address	12322 CASSOWARY LN
City-State-Zip:	SPRING HILL FL 34610

Title	DIRECTOR
Name	GAY, GREGORY ESQ.
Address	5318 BALSAM ST.
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****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LYNN, LON
Address 6113 CEZANNE AVE.
City-State-Zip: LUTZ FL 33549

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