

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**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 DIRECTOR, FOUNDER & SENIOR LECTURER
Name WOODWARD, THOMAS E DR.
Address 1957 SOURWOOD BLVD.
City-State-Zip: DUNEDIN FL 34698

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

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

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

Title DIRECTOR, CHAIRMAN
Name PIPLITZ, ROBERT
Address 12603 STILLWATER TERR.DR.
City-State-Zip: TAMPA FL 33618

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

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

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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 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