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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13799 (4)

1. Corporation Name
THE CHAPEL AT SAWGRASS, INC.



Principal Place of Business Mailing Address
% JOHN D. CONNOLLY 9790 DEER RUN DR. PONTE VEDRA BEACH FL 32082 US
% JOHN D. CONNOLLY 9790 DEER RUN DR. PONTE VEDRA BEACH FL 32082-3506 US

3. Date Incorporated or Qualified 03/12/1986
3a. Date of Last Report 02/14/1996

2. Principal Place of Business THE CHAPEL AT SAWGRASS
21 26 26 P O BOX 664

4. FEI Number 59-2719600
Applied For Not Applicable

22 Suite, Apt. #, etc P O BOX 664
27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Ponte Vedra Beach, FL
28 City & State Ponte Vedra Beach, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32004 Country ST JOHN
25 29 32004 30 ST JOHN

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEWIS, BILL
18 LAKE JULIA DR., SO.
PONTE VEDRA BCH. FL 32082

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DOLAGHAN, JOHN	
STREET ADDRESS	2020 OAK HAMMOCK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	DELETE
NAME	LEWIS, BILL	
STREET ADDRESS	16 LAKE JULIA DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	CD	DELETE
NAME	CONNOLLY, JOHN D.	
STREET ADDRESS	9790 DEER RUN DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	DELETE
NAME	BOUZEDS, DEAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	DEAN BOUZEDS		
1.3 STREET ADDRESS	254 CHARLEMAGNE CR.		
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS	\$ BANK		
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Dolaghan JOHN DOLAGHAN 10 JAN 97, 904-273-9541

CR2E037 (9/96)