

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13799

Entity Name: THE CHAPEL AT SAWGRASS, INC.

Current Principal Place of Business:

SAWGRASS COUNTRY CLUB
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 3205
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-2719600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEARER, ROBERT
733 PALMERA DR E
PONTE VEDRA BEACH, FL 32082 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 BANNON, JAMES L
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR
Name COWARD, VIRGINIA A
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR, PASTOR
Name CLARKE, ROY H
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR
Name VELLA, JOSEPH F
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR, TREASURER
Name SUGGS, LINDA B
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR, CHAIRMAN
Name SHEARER, ROBERT
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR, SECRETARY
Name EVANS, KATHY
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR
Name BUTLER, JERRY
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

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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: LINDA B. SUGGS

TREASURER

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALBERTI, JOHN
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR, PASTOR
Name CASSEL, MICHAEL
Address P.O. BOX 3205
City-State-Zip: PONTE VEDRA BEACH FL 32004