

2023 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
7745 DEERWOOD POINT CT
JACKSONVILLE, FL 32256 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, 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

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

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

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

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

02/04/2023

Electronic Signature of Signing Officer/Director Detail

_____ Date