

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13799

**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**0998694939CC**

**Entity Name:** THE CHAPEL AT SAWGRASS, INC.

**Current Principal Place of Business:**

SAWGRASS C C  
PONTE VEDRA BEACH, FL 32004

**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 MCMULLEN, DAVID  
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**

**03/19/2019**

\_\_\_\_\_  
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