

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011843

**Entity Name:** CHRIST FOLLOWERS UNITED INC.

**Current Principal Place of Business:**

6350 MEMORY LN  
MAXVILLE, FL 32234

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC0240639334**

**Current Mailing Address:**

6350 MEMORY LN  
MAXVILLE, FL 32234 US

**FEI Number: 81-2448090**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMITH, TRAVIS J  
6350 MEMORY LN  
MAXVILLE, FL 32234 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 P  
Name SMITH, TRAVIS J  
Address 6350 MEMORY LN  
City-State-Zip: MAXVILLE FL 32234

Title VP  
Name CHRISTIAN, BUTCH  
Address 5266 CAMILLE AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title SE  
Name CHRISTIAN, SUSAN  
Address 5266 CAMILLE AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title TR  
Name SMITH, SUZANNE  
Address 6350 MEMORY LN  
City-State-Zip: MAXVILLE FL 32234

*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: TRAVIS J SMITH**

**PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date