#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007981

Entity Name: OPEN CIRCLE METROPOLITAN COMMUNITY CHURCH, INC.

FILED
Jan 29, 2018
Secretary of State
CC9173616732

Date

# **Current Principal Place of Business:**

12332 S US HWY 301 BELLEVIEW, FL 34420

## **Current Mailing Address:**

P O BOX 536

OXFORD. FL 34484

FEI Number: 27-2449406 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BRUNE, PAUL 5435 SE 43RD COURT OCALA, FL 34480 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: PAUL BRUNE 01/29/2018

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title **PASTOR** Title VICE-MODERATOR COATS, ROBERT Name HETTEL, KAREN Name Address 17657 SE 58TH AVE Address 11925 S US HWY 301, #6 City-State-Zip: SUMMERFIELD FL 34491 BELLEVIEW FL 34420 City-State-Zip:

Title TREASURER Title ASST. TREASURER
Name BRUNE, PAUL Name CHARNOW, DAVID
Address 5435 SE 43RD COURT Address 3820 SE 22ND PLACE

City-State-Zip: OCALA FL 34480 City-State-Zip: OCALA FL 34471

Title CLERK Title ASST. CLERK

Electronic Signature of Signing Officer/Director Detail

Name PALERMO, ANGEL Name SMITH, MICHAEL E
Address 9430 SE 110TH STREET ROAD Address 5208 SE 107TH PLACE

City-State-Zip: BELLEVIEW FL 34420 City-State-Zip: BELLEVIEW FL 34420

Title MEMBER AT LARGE

Name SMITH, DEAN
Address 4103 CR 126

City-State-Zip: WILDWOOD FL 34785

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: PAUL BRUNE TREASURER 01/29/2018