

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

DOCUMENT# N10000007981

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC0904751032**

**Entity Name:** OPEN CIRCLE METROPOLITAN COMMUNITY CHURCH, INC.

**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**

**01/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name COATS, ROBERT  
Address 11925 S US HWY 301, #6  
City-State-Zip: BELLEVIEW FL 34420

Title VICE-MODERATOR  
Name COX, HEATHER  
Address 1145 EAGLES LANDING  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name BRUNE, PAUL  
Address 5435 SE 43RD COURT  
City-State-Zip: Ocala FL 34480

Title ASST. TREASURER  
Name FUMICELLO, TOM  
Address 10813 SE 51ST AVENUE  
City-State-Zip: BELLEVIEW FL 34420

Title CLERK  
Name PALERMO, ANGEL  
Address 9430 SE 110TH STREET ROAD  
City-State-Zip: BELLEVIEW FL 34420

Title OTHER  
Name CHERRY, NOREEN  
Address 1431DUNCAN DR  
City-State-Zip: THE VILLAGES FL 32162

Title OTHER  
Name ZAPPA, LINDA  
Address 1141 GOLDEN GROVE DR  
City-State-Zip: THE VILLAGES FL 32162

*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**

**01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date