

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002750

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** GREATER OCALA NUMISMATIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4001 SE 22ND AVENUE  
UNIT A  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

4001 SE 22ND AVENUE  
UNIT A  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 41-2273407      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FAW, LARRY DEAN  
4001-A SE 22ND AVENUE  
OCALA, FL 34480      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WELLS, RAY  
Address: 9273-B SW 97TH PLACE  
City-St-Zip: OCALA, FL 34481

Title: VPD      ( ) Delete  
Name: OLMSTEAD, GEORGE  
Address: 52 S LINCOLN AVE  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TD      ( ) Delete  
Name: CARPER, JIM  
Address: 4357 N INDIANHEAD RD  
City-St-Zip: HERNANDO, FL 34442

Title: SD      ( ) Delete  
Name: SELVAR, RICHARD  
Address: PO BOX 414  
City-St-Zip: OXFORD, FL 34484

Title: SD      ( ) Delete  
Name: FAW, LARRY  
Address: 4001-A SE 22ND AVE  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY DEAN FAW

SD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date