

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90658 044 \*\*\*\*61.25

**DOCUMENT # N35057**

1. Entity Name

ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.



Principal Place of Business

% JOHN B. HEPPNER  
1911 S.W. 34TH ST.  
GAINESVILLE FL 32608

Mailing Address

PO BOX 141210  
GAINESVILLE FL 32614  
US

**54031907**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2989991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEPPNER, JOHN B.  
1911 S.W. 34TH ST.  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BECKER, V. O.  
STREET ADDRESS CP 04525  
CITY-ST-ZIP BRASILIA, BRAZIL df 7-0919

TITLE D ☐ Delete  
NAME DAVIS, DON R.  
STREET ADDRESS DEPT OF ENTOMOLOGY, 10TH & CONSTITUTION  
CITY-ST-ZIP WASHINGTON DC 20560

TITLE D ☐ Delete  
NAME ELIAZAR, P. J.  
STREET ADDRESS UNIF OF FL, DEPT OF ZOOLOGY  
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE D ☐ Delete  
NAME DRUMMOND, B. A.  
STREET ADDRESS P. O. BOX 9061  
CITY-ST-ZIP WOODLAND PARK CO

TITLE D ☐ Delete  
NAME LAMAS, GERADO  
STREET ADDRESS MUSEO HISTORIA NATURAL, APDS 14-0434  
CITY-ST-ZIP LIMA, PERU

TITLE D ☐ Delete  
NAME TURNER, JON D.  
STREET ADDRESS 310 COLE DR SE  
CITY-ST-ZIP HUNTSVILLE AL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C/O/T/S ☐ Change ☒ Addition  
NAME HEPPNER J. B.  
STREET ADDRESS 1911 SW 34th St  
CITY-ST-ZIP Gainesville, FL 32608

TITLE P/D ☐ Change ☒ Addition  
NAME EMMEL, Thomas C.  
STREET ADDRESS Univ. FL, FL Mus. Nat. Hist.  
CITY-ST-ZIP Gainesville FL 32611

TITLE D ☐ Change ☒ Addition  
NAME MIELKE, Olaf H. H.  
STREET ADDRESS Univ. Fed. Parana C.P. 19020  
CITY-ST-ZIP 81531-990 Curitiba, PR, BRAZIL

TITLE D ☐ Change ☒ Addition  
NAME MUNROE, Eugene G.  
STREET ADDRESS 3093 Charles Crescent, RRI  
CITY-ST-ZIP Dunrobin, ON T6G 2E9, CANADA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dr. John B. Heppner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 (352) 373-5630  
Date Daytime Phone #