

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 014 ****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

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CDTS	<input type="checkbox"/> Delete
NAME	HEPPNER, J B	
STREET ADDRESS	1911 SW 34TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DON R.	
STREET ADDRESS	DEPT OF ENTOMOLOGY, 10TH & CONSTITUTION	
CITY-ST-ZIP	WASHINGTON DC 20560	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELIAZAR, P. J	
STREET ADDRESS	UNIF OF FL, DEPT OF ZOOLOGY	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRUMMOND, B. A	
STREET ADDRESS	P. O. BOX 9061	
CITY-ST-ZIP	WOODLAND PARK CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMAS, GERADO	
STREET ADDRESS	MUSEO HISTORIA NATURAL, APDS 14-0434	
CITY-ST-ZIP	LIMA, PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JON D.	
STREET ADDRESS	310 COLE DR SE	
CITY-ST-ZIP	HUNTSVILLE AL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becker, V.O.	
STREET ADDRESS	C.P. 001	
CITY-ST-ZIP	45880-970, Camacan, BA, BRAZIL	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMEL, T.C.	
STREET ADDRESS	P.O. Box 112710	
CITY-ST-ZIP	Gainesville, FL 32611-2710	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIELKE, Olaf H.H.	
STREET ADDRESS	C.P. - 19020 -	
CITY-ST-ZIP	81531-980 Curitiba, PR, BRAZIL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNROE, E.G.	
STREET ADDRESS	3093 Carlson Cres., RR1	
CITY-ST-ZIP	Dunrobin, ON K0A 1T0, CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. J.B. Heppner

Date

4/15/05

Daytime Phone #

352-372-3505 x139