

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2989991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

JOHN B. HEPPNER

(NOTE: Registered Agent signature required when registering)

4/22/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

UD0000920422
05/14/08-60043-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Peter J. Eliazar

PETER J. ELIAZAR

4/22/08

352-392-1250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #