## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35057

Entity Name: ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.

FILED Mar 29, 2016 Secretary of State CC3345831411

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

PO BOX 141210

GAINESVILLE, FL 32614 US

FEI Number: 59-2989991 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ELIAZAR, PETER J 4235 NW 10TH ST. GAINESVILLE, FL 32609 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: PETER J. ELIAZAR 03/29/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CD Title D

Name TURNER, JON D DR. Name DAVIS, DON R. PHD

Address 2338 BRYSON RD. Address DEPT OF ENTOMOLOGY, 10TH &

City-State-Zip: ARDMORE TN 38449

City-State-Zip: WASHINGTON DC 20560

Title DTS

Title D
Name ELIAZAR, PETER J.

Address UNIV OF FL, DEPT OF BIOLOGY

Address P. O. BOX 9061

City-State-Zip: GAINESVILLE FL 32611 City-State-Zip: WOODLAND PARK CO

Title D

Name LAMAS, GERARDO PHD

Address MUSEO DE HISTORIA NATURAL.

UNIV. SAN MARCOS

Address

MCGUIRE CENTER FOR

APTDO. 14-0434 LEPIDOPTERA, UF

City-State-Zip: LIMA City-State-Zip: GAINESVILLE FL 32611

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: PETER ELIAZAR

DIRECTOR, TREASURER, AND SECRETARY

03/29/2016