2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35057

Entity Name: ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.

FILED
Jan 19, 2021
Secretary of State
6780914202CC

Current Principal Place of Business:

% DR. KEITH R. WILLMOTT, ATL 3215 HULL ROAD, MCGUIRE CENTER, UF GAINESVILLE, FL 32611

Current Mailing Address:

% DR. KEITH R. WILLMOTT, ATL 3215 HULL ROAD, MCGUIRE CENTER, UF GAINESVILLE, FL 32611 US

FEI Number: 59-2989991 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLMOTT, KEITH R DR. 3215 HULL ROAD, MCGUIRE CENTER, UF GAINESVILLE, FL 32611 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CD Title TREASURER

Name TURNER, JON D DR. Name WILLMOTT, KEITH R DR.

Address 2338 BRYSON RD. Address 3215 HULL RD, MCGUIRE CENTER,

UF

DIRECTOR

City-State-Zip: ARDMORE TN 38449

City-State-Zip: GAINESVILLE FL 32611

Title VP

 Name
 COVELL, CHARLES DR.
 Title
 SECRETARY

 Address
 207 NE 9TH AVENUE
 Name
 DOUGLASS, JOHN F. DR.

 Address
 3347 AIRPORT HWY. #21

City-State-Zip: GAINESVILLE FL 32601-4378 City-State-Zip: TOLEDO OH 43609

Only Grate Zip. TOLLEGO OTT 4000

Title DIRECTOR

Name DRUMMOND, BOYCE A. DR.

Name MIELKE, OLAF H. H. DR.

Address 3218 RED MOUNTAIN DRIVE

Address 3218 RED MOUNTAIN DRIVE Address DEPT. ZOOLOGIA, UNIV. FEDERAL DO

Title

City-State-Zip: FORT COLLINS CO 08525-6154 PARANA

C.P. 19020

Title DIRECTOR City-State-Zip: CURITIBA PARANA 81531-980

Name LAMAS, GERARDO DR.
Address MUSEO DE HIST. NAT.

UNIV. SAN MARCOS

City-State-Zip: LIMA APTDO. 14-0434

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: KEITH R. WILLMOTT DR. 01/19/2021