

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35057

Entity Name: ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.**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

04/23/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name TURNER, JON D DR.
Address 2338 BRYSON RD.
City-State-Zip: ARDMORE TN 38449

Title D
Name DAVIS, DON R. PHD
Address DEPT OF ENTOMOLOGY, 10TH &
CONSTITUTION
City-State-Zip: WASHINGTON DC 20560

Title DTS
Name ELIAZAR, PETER J.
Address UNIV OF FL, DEPT OF BIOLOGY
City-State-Zip: GAINESVILLE FL 32611

Title D
Name DRUMMOND, BOYCE A PHD
Address P. O. BOX 9061
City-State-Zip: WOODLAND PARK CO

Title D
Name LAMAS, GERARDO PHD
Address MUSEO DE HISTORIA NATURAL,
UNIV. SAN MARCOS
APTDO. 14-0434
City-State-Zip: LIMA

Title D
Name EMMEL, THOMAS C. PHD
Address MCGUIRE CENTER FOR
LEPIDOPTERA, UF
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 J. ELIAZAR**SECRETARY/TREASURER** 04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date