

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35057

**Entity Name:** ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.**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  
Name TURNER, JON D DR.  
Address 2338 BRYSON RD.  
City-State-Zip: ARDMORE TN 38449

Title VP  
Name COVELL, CHARLES DR.  
Address 207 NE 9TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601-4378

Title DIRECTOR  
Name DRUMMOND, BOYCE A. DR.  
Address 3218 RED MOUNTAIN DRIVE  
City-State-Zip: FORT COLLINS CO 08525-6154

Title DIRECTOR  
Name LAMAS, GERARDO DR.  
Address MUSEO DE HIST. NAT.  
UNIV. SAN MARCOS  
City-State-Zip: LIMA APTDO. 14-0434

Title TREASURER  
Name WILLMOTT, KEITH R DR.  
Address 3215 HULL RD, MCGUIRE CENTER,  
UF  
City-State-Zip: GAINESVILLE FL 32611

Title SECRETARY  
Name DOUGLASS, JOHN F. DR.  
Address 3347 AIRPORT HWY. #21  
City-State-Zip: TOLEDO OH 43609

Title DIRECTOR  
Name MIELKE, OLAF H. H. DR.  
Address DEPT. ZOOLOGIA, UNIV. FEDERAL DO  
PARANA  
C.P. 19020  
City-State-Zip: CURITIBA PARANA 81531-980

Title BOARD MEMBER  
Name NEILD, ANDREW MR  
Address C/O DR. KEITH R. WILLMOTT, ATL  
3215 HULL ROAD, MCGUIRE CENTER,  
UF  
City-State-Zip: GAINESVILLE FL 32611

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*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 RICHARD WILLMOTT

TREASURER

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                EITSCHBERGER, ULF DR  
Address            C/O DR. KEITH R. WILLMOTT, ATL  
                         3215 HULL ROAD, MCGUIRE CENTER, UF  
City-State-Zip:    GAINESVILLE FL 32611

Title                BOARD MEMBER  
Name                HAYDEN, JAMES E. DR  
Address            C/O DR. KEITH R. WILLMOTT, ATL  
                         3215 HULL ROAD, MCGUIRE CENTER,  
                         UF  
City-State-Zip:    GAINESVILLE FL 32611