

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:34

DOCUMENT # 718381 (7)
1. Corporation Name
SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Principal Place of Business Mailing Address
LINGUISTICS PROGRAM UNIVERSITY OF SOUTH CAROLINA COLUMBIA SC 29208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1970 3a. Date of Last Report 04/20/1994
4. FEI Number 62-1188009 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 English Dept. 26 English Dept.
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 University of Memphis 27 University of Memphis
City & State City & State
23 Memphis TN 28 Memphis TN
Zip Country Zip Country
24 38152 25 Country 29 38152 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHU, CHAUNCEY C.
3403 NW 7TH PLACE
GAINESVILLE FL 32607

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	MONTGOMERY, MICHAEL
STREET ADDRESS	LINGUISTICS PROGRAM, USC
CITY-ST-ZIP	COLUMBIA SC
TITLE	DP
NAME	JOHNSTONE, BARBARA
STREET ADDRESS	DEPT OF ENGLISH, TEXAS A&M UNIV
CITY-ST-ZIP	COLLEGE STATION TX
TITLE	STD
NAME	LITTLE, GRETA D.
STREET ADDRESS	LINGUISTICS PROGRAM, USC
CITY-ST-ZIP	COLUMBIA SC
TITLE	VD
NAME	MCCREARY, DON
STREET ADDRESS	DEPT OF ENGLISH, UNIV OF GA
CITY-ST-ZIP	ATHENS GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marvin KL Ching
1.3 STREET ADDRESS	Dept of English, Univ of Memphis
1.4 CITY-ST-ZIP	Memphis TN 38162
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, William
2.3 STREET ADDRESS	6170 Husley Rd
2.4 CITY-ST-ZIP	Clermont GA 30527
3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Weatherly, Joan
3.3 STREET ADDRESS	Dept. of English, Univ. of Memphis
3.4 CITY-ST-ZIP	Memphis, TN 38152
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McCreary, Don
4.3 STREET ADDRESS	Dept. of English, Univ of GA
4.4 CITY-ST-ZIP	Athens GA 30602
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Little, Greta D
5.3 STREET ADDRESS	Linguistics Program, U of SC
5.4 CITY-ST-ZIP	Columbia SC 29208
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheld D. Little 23 Feb 1995 803-777-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Three #)