

**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: LINGUISTICS PROGRAM, UNIVERSITY OF SOUTH CAROLINA, COLUMBIA SC 29208  
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: English Dept., University of Memphis, Memphis TN, Zip 38152  
2a. Mailing Address: English Dept., University of Memphis, Memphis TN, Zip 38152

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: CHU, CHAUNCEY C., 3403 NW 7TH PLACE, GAINESVILLE FL 32607  
10. Name and Address of New Registered Agent: [Blank]

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] (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DST	NAME: MONTGOMERY, MICHAEL	1.1 TITLE: DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: LINGUISTICS PROGRAM, USC	CITY-ST-ZIP: COLUMBIA SC	1.2 NAME: Marvin KL Ching	
		1.3 STREET ADDRESS: Dept of English, Univ of Memphis	
		1.4 CITY-ST-ZIP: Memphis TN 38162	
TITLE: DP	NAME: JOHNSTONE, BARBARA	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: DEPT OF ENGLISH, TEXAS A&M UNIV	CITY-ST-ZIP: COLLEGE STATION TX	2.2 NAME: Smith, William	
		2.3 STREET ADDRESS: 6170 Husley Rd	
		2.4 CITY-ST-ZIP: Clermont GA 30527	
TITLE: STD	NAME: LITTLE, GRETA D.	3.1 TITLE: DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: LINGUISTICS PROGRAM, USC	CITY-ST-ZIP: COLUMBIA SC	3.2 NAME: Weatherly, Joan	
		3.3 STREET ADDRESS: Dept. of English, Univ. of Memphis	
		3.4 CITY-ST-ZIP: Memphis, TN 38152	
TITLE: VD	NAME: MCCREARY, DON	4.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: DEPT OF ENGLISH, UNIV OF GA	CITY-ST-ZIP: ATHENS GA	4.2 NAME: McCreary, Don	
		4.3 STREET ADDRESS: Dept. of English, Univ of GA	
		4.4 CITY-ST-ZIP: Athens GA 30602	
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.2 NAME: Little, Greta D	
		5.3 STREET ADDRESS: Linguistics Program, U of SC	
		5.4 CITY-ST-ZIP: Columbia SC 29208	
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME: [Blank]	
		6.3 STREET ADDRESS: [Blank]	
		6.4 CITY-ST-ZIP: [Blank]	

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: [Signature] 23 Feb 1995 803-777-2171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Three #)