

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**ENGLISH DEPT
UNIVERSITY OF MEMPHIS
MEMPHIS TN 38152
US**

Mailing Address
**ENGLISH DEPT
UNIVERSITY OF MEMPHIS
MEMPHIS TN 38152
US**

3. Date Incorporated or Qualified **04/22/1970** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number **62-1188009** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--|--|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | CHING, MARVIN K L | |
| STREET ADDRESS | DEPT. OF ENGLISH, UNIV OF MEMPHIS | |
| CITY-ST-ZIP | MEMPHIS TN 38152 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SMITH, WILLIAM | |
| STREET ADDRESS | 6170 HUSLEY RD | |
| CITY-ST-ZIP | CLEMONT GA 30527 | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | WEATHERLY, JOAN | |
| STREET ADDRESS | DEPT OF ENGLISH, UNIV OF MEMPHIS | |
| CITY-ST-ZIP | MEMPHIS TN 38152 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCREARY, DON | |
| STREET ADDRESS | DEPT. OF ENGLISH, UNIV OF GA | |
| CITY-ST-ZIP | ATHENS GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LITTLE, GRETA D | |
| STREET ADDRESS | LINGUISTICS PROGRAM, U OF SC | |
| CITY-ST-ZIP | COLUMBIA SC 29208 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <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 | Clemont, GA 30527 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Pearson, Bruce | |
| 4.3 STREET ADDRESS | Linguistics Program, Univ. of SC | |
| 4.4 CITY-ST-ZIP | Columbia, SC 29208 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Joan Weatherly **Joan Weatherly** 4/12/96 901/678-4582
Date Daytime Phone #

CR2E037 (12/95)