

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		2a. Mailing Address		4. FEI Number 62-1188009		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHING, MARVIN K L	1.2 NAME	
STREET ADDRESS	DEPT. OF ENGLISH, UNIV OF MEMPHIS	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38152	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM	2.2 NAME	Smith, William
STREET ADDRESS	6170 HUSLEY RD	2.3 STREET ADDRESS	6170 Husley Rd.
CITY-ST-ZIP	CLEMONT GA 30527	2.4 CITY-ST-ZIP	Clemont, GA 30527
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, JOAN	3.2 NAME	
STREET ADDRESS	DEPT OF ENGLISH, UNIV OF MEMPHIS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38152	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCREARY, DON	4.2 NAME	Pearson, Bruce
STREET ADDRESS	DEPT. OF ENGLISH, UNIV OF GA	4.3 STREET ADDRESS	Linguistics Program, Univ. of SC
CITY-ST-ZIP	ATHENS GA	4.4 CITY-ST-ZIP	Columbia, SC 29208
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, GRETA D	5.2 NAME	
STREET ADDRESS	LINGUISTICS PROGRAM, U OF SC	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29208	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)