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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718381** (7)  
1. Corporation Name  
**SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.**



Principal Place of Business <b>ENGLISH DEPT UNIVERSITY OF MEMPHIS MEMPHIS TN 38152 US</b>	Mailing Address <b>ENGLISH DEPT UNIVERSITY OF MEMPHIS MEMPHIS TN 38152 US</b>
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3. Date Incorporated or Qualified <b>04/22/1970</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>62-1188009</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CHU, CHAUNCEY C. 3403 NW 7TH PLACE GAINESVILLE FL 32607</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DST CHING, MARVIN K L DEPT. OF ENGLISH, UNIV OF MEMPHIS MEMPHIS TN</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, WILLIAM 6170 HUSLEY RD CLEMONT GA</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PD Pearson, Bruce</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Linguistics Program, Univ. of S Carolina Columbia, SC 29208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST WEATHERLY, JOAN DEPT OF ENGLISH, UNIV OF MEMPHIS MEMPHIS TN</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRUCE PEARSON LINGUISTICS PROGRAM, UNIVERSITY OF S C COLUMBIA S</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD Carole P. Hines</b> <b>English Department, Old Dominion Univ. Norfolk, VA 23529-0078</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITTLE, GRETA D LINGUISTICS PROGRAM, U OF SC COLUMBIA SC</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4-27-97 901/678-4582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080028

CR2E037 (9/96)