

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>		
4. FEI Number <b>62-1188009</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 <b>DST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHING, MARVIN K L</b>		1.2 NAME	
STREET ADDRESS <b>DEPT. OF ENGLISH, UNIV OF MEMPHIS</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MEMPHIS TN</b>		1.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HINES, CAROLE P</b>		2.2 NAME	
STREET ADDRESS <b>ENGLISH DEPT, OLD DOMINION UNIV</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>NORFOLK VA</b>		2.4 CITY - ST - ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEATHERLY, JOAN</b>		3.2 NAME	
STREET ADDRESS <b>DEPT OF ENGLISH, UNIV OF MEMPHIS</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>MEMPHIS TN</b>		3.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRUCE PEARSON</b>		4.2 NAME <b>Thomas E. Nunnally</b>	
STREET ADDRESS <b>LINGUISTICS PROGRAM, UNIVERSITY OF S C</b>		4.3 STREET ADDRESS <b>Dept. of English, Auburn University</b>	
CITY - ST - ZIP <b>COLUMBIA S</b>		4.4 CITY - ST - ZIP <b>Auburn, AL 36849</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LITTLE, GRETA D</b>		5.2 NAME	
STREET ADDRESS <b>LINGUISTICS PROGRAM, U OF SC</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>COLUMBIA SC</b>		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 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 April 16, 1998 901.678-4582

CR2037 (10/97)