

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ENGLISH DEPT UNIVERSITY OF MEMPHIS MEMPHIS TN 38152 US	Mailing Address ENGLISH DEPT UNIVERSITY OF MEMPHIS MEMPHIS TN 38152 US
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3. Date Incorporated or Qualified 04/22/1970		
4. FEI Number 62-1188009	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
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	CHING, MARVIN K L DEPT. OF ENGLISH, UNIV OF MEMPHIS MEMPHIS TN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE VD	HINES, CAROLE P ENGLISH DEPT, OLD DOMINION UNIV NORFOLK VA	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE DST	WEATHERLY, JOAN DEPT OF ENGLISH, UNIV OF MEMPHIS MEMPHIS TN	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE PD	BRUCE PEARSON LINGUISTICS PROGRAM, UNIVERSITY OF SC COLUMBIA S	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD
NAME		4.2 NAME	Thomas E. Nunnally
STREET ADDRESS		4.3 STREET ADDRESS	Dept. of English, Auburn University
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Auburn, AL 36849
TITLE D	LITTLE, GRETA D LINGUISTICS PROGRAM, U OF SC COLUMBIA SC	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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)