

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90180 028 \*\*\*\*61.25

0081468

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718381

1. Corporation Name  
SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Principal Place of Business  
ENGLISH DEPT  
UNC-CHARLOTTE  
CHARLOTTE NC 28223  
US

Mailing Address  
ENGLISH DEPT  
UNC-CHARLOTTE  
CHARLOTTE NC 28223  
US



2. Principal Place of Business  
21. note: new p of GB  
22. The future address  
23. has been posted  
24. over the old  
univ. of memphis  
ae

new address  
for 2000

3. Date Incorporated or Qualified  
04/22/1970  
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  
10. Name and Address of New Registered Agent

3403 NW 7TH PLACE  
GAINESVILLE FL 32607

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHING, MARVIN K L	1.2 NAME	THIEDE, RALF
STREET ADDRESS	DEPT. OF ENGLISH, UNIV OF MEMPHIS	1.3 STREET ADDRESS	DEPT. OF ENGLISH, UNC-CHARLOTTE
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	CHARLOTTE NC 28223
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, CAROLE P	2.2 NAME	NUNNALLY, THOMAS
STREET ADDRESS	ENGLISH DEPT, OLD DOMINION UNIV	2.3 STREET ADDRESS	DEPT. OF ENGLISH, AUBURN UNIV
CITY-ST-ZIP	NORFOLK VA	2.4 CITY-ST-ZIP	AUBURN AL 36849
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, JOAN	3.2 NAME	BONGARTZ, CHRISTIANE
STREET ADDRESS	DEPT OF ENGLISH, UNIV OF MEMPHIS	3.3 STREET ADDRESS	DEPT. OF ENGLISH, UNC-CHARLOTTE
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	CHARLOTTE NC 28223
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNNALLY, THOMAS E.	4.2 NAME	WOLFRAM, WALT
STREET ADDRESS	DEPT OF ENGLISH, AUBURN UNIVERSITY	4.3 STREET ADDRESS	ENGL DEPT, NORTH CAROLINA STATE UNIV
CITY-ST-ZIP	AUBURN AL 36849	4.4 CITY-ST-ZIP	RALEIGH NC 27695-8105
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	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, JOAN	6.2 NAME	
STREET ADDRESS	DEPT. OF ENGL, UNIV OF MEMPHIS	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38152	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, with all other like empowered.

SIGNATURE: JOAN WEATHERLY 4-30-99 (901) 678-4582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)