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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

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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)