

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90326 039 ****70.00

DOCUMENT # 718381



1. Entity Name
SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Principal Place of Business Mailing Address
DEPT. OF ENGLISH, UNC CHARLOTTE DEPT. OF ENGLISH, UNC CHARLOTTE
9201 UNIVERSITY CITY BLVD 9201 UNIVERSITY CITY BLVD
CHARLOTTE, NC 28223-0001 US CHARLOTTE, NC 28223-0001 US

2. Principal Place of Business 3. Mailing Address
Suite. Apt. #, etc. Suite. Apt. #, etc.
City & State City & State
Zip Country Zip Country

(718381=====N)
01312004 Chg-NP CR2E037 (10/03)
4. FEI Number Applied For
62-1188009 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TRAMMELL, ROBERT L
18912 CANDLEWICK DR
BOCA RATON, FL 33496-5002

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THIEDE, RALF DEPT. OF ENGLISH, UNC CHARLOTTE CHARLOTTE, NC 282230001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGLE, STEPHEN J P.O. BOX 261954, COASTAL CAROLINA U CONWAY, SC 295286054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, CATHERINE E DEPT. OF ENGLISH, BOX 870244, U OF AL TUSCALOOSA, AL 35487-0244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIES, CATHERINE E DEPT. OF ENGLISH, BOX 870244, U OF AL TUSCALOOSA, AL 354870244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DYER, DONALD L DEPT MOD LANGS, BOX 1848, U OF MS OXFORD, MS 38677-1848	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICONE, MICHAEL D DEPT MOD LANGS & CLASSICS U OF AL TUSCALOOSA, AL 354870246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAPTISTA, MARLYSE LINGUISTICS PROG, 337 PARK HALL, U OF GA ATHENS, GA 30602-6205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBLY, CYNTHIA SCHL OF ARTS SCIENCES U OF HOUSTON VICTORIA, TX 779015731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDEY, ANITA APPLIED LING, 202 HOLMES HALL, MORGAN STATE U BALTIMORE, MD 21251-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, ALEKA DEPT. OF ENGLISH, MIDDLE TN SU MURFREESBORO, TN 37132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RALF THIEDE** April 27, 2004 (704) 687-4227