

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718381

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

## Current Principal Place of Business:

CTR. FOR DIVERSITY & RACE RELATIONS  
243 FOY UNION BLDG., AUBURN UNIV.  
AUBURN, AL 368495140 US

## New Principal Place of Business:

9030 HALEY CENTER  
AUBURN UNIVERSITY  
AUBURN, AL 36849 US

## Current Mailing Address:

CTR. FOR DIVERSITY & RACE RELATIONS  
243 FOY UNION BLDG., AUBURN UNIV.  
AUBURN, AL 368495140 US

## New Mailing Address:

9030 HALEY CENTER  
AUBURN UNIVERSITY  
AUBURN, AL 36849 US

FEI Number: 62-1188009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAMMELL, ROBERT L DR.  
801 SKY PINE WAY  
APT. C-1  
GREENACRES, FL 334159022 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D/S ( ) Delete  
Name: SABINO, ROBIN DR.  
Address: 243 FOY UNION BLDG., AUBURN UNIV.  
City-St-Zip: AUBURN, AL 368495140 US

Title: D/T ( ) Delete  
Name: MELANÇON, MEGAN E DR.  
Address: DEPT. OF ENGL., CBX 044, GA COLL. & SU  
City-St-Zip: MILLEDGEVILLE, GA 310610490 US

Title: P ( ) Delete  
Name: DYER, DONALD L DR.  
Address: DEPT MOD LANGS, BOX 1848 U OF MS  
City-St-Zip: OXFORD, MS 386771848 US

Title: D ( ) Delete  
Name: JOHNSON, ELLEN DR.  
Address: DEPT. OF ENGLISH, BOX 490350, BERRY COLL.  
City-St-Zip: MOUNT BERRY, GA 301490350 US

Title: D ( ) Delete  
Name: CARTER, PHILLIP M MR.  
Address: DEPT. OF ENGL, BOX 8105, NCSU  
City-St-Zip: RALEIGH, NC 276958105 US

Title: D ( ) Delete  
Name: ABNEY, LISA DR.  
Address: BOX 3663, LA FOLKLIFE CTR., NW SU OF LA  
City-St-Zip: NATCHITOCHE, LA 714973663 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/S (X) Change ( ) Addition  
Name: SABINO, ROBIN DR.  
Address: 9030 HALEY CENTER, AUBURN UNIVERISTY  
City-St-Zip: AUBURN, AL 368495140 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN SABINO

DR.

04/05/2006

Electronic Signature of Signing Officer or Director

Date