

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718381

FILED
Mar 01, 2007
Secretary of State

Entity Name: SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Current Principal Place of Business:

9030 HALEY CENTER
AUBURN UNIVERSITY
AUBURN, AL 36849 US

New Principal Place of Business:

Current Mailing Address:

9030 HALEY CENTER
AUBURN UNIVERSITY
AUBURN, AL 36849 US

New Mailing Address:

FEI Number: 62-1188009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: 9030 HALEY CENTER, AUBURN UNIVERISTY
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: PICONE, MICHAEL DR.
Address: UNIVERSITY OF ALABAMA, BOX 870246
City-St-Zip: TUSCALOOSA, AL 35487 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:

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.

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date