

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744271 (8)

1. Corporation Name

SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATION, INC.



Principal Place of Business

Mailing Address

POLITICAL SCIENCE DEPT  
7080 HALEY CENTER  
AUBURN UNIVERSITY AL  
US

CHARLES SPINDLER, POLITICAL SCIENCE DEPT.  
7080 HALEY CENTER  
AUBURN UNIVERSITY AL 36849

3. Date Incorporated or Qualified  
09/14/1978

3a. Date of Last Report  
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number  
59-2639543

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGOS, PLATON  
DEPT. OF POLIT SCIENCE, UNIV OF SOUTH FL  
SOC 107 4202 EAST FOWLER AVE.  
TAMPA FL 33620-5100

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME RICE, MITCHELL  
STREET ADDRESS 3200 CEBA, LOUISIANA STATE UNIVERSITY  
CITY-ST-ZIP BATON ROUGE LA 70803

1.1 TITLE V  
1.2 NAME GEORGE COX  
1.3 STREET ADDRESS POLITICAL SCIENCE DEPT. GEORGIA SOUTHERN UNIV  
1.4 CITY-ST-ZIP STATESBORO GA  
 Change  Addition

TITLE V  DELETE  
NAME PATTON, JANET  
STREET ADDRESS POLITICAL SCIENCE DEPT, EASTERN KENTUCKY U  
CITY-ST-ZIP RICHMOND KY

2.1 TITLE P  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
 Change  Addition

TITLE T  DELETE  
NAME SPINDLER, CHARLES  
STREET ADDRESS POLITICAL SCIENCE DEPT., AUBURN DEPT  
CITY-ST-ZIP AUBURN UNIVERSITY AL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  DELETE  
NAME CUNNINGHAM, BOB  
STREET ADDRESS POLITICAL SCIENCE DEPT. UNIV. OF TENN.  
CITY-ST-ZIP KNOXVILLE TN

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  DELETE  
NAME FEIOCK, RICHARD  
STREET ADDRESS PUBLIC ADMINISTRATION DEPT., FSU  
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  DELETE  
NAME STRONG, DENISE  
STREET ADDRESS URBAN AND PUBLIC AFFAIRS, U OF NEW ORLEANS  
CITY-ST-ZIP NEW ORLEANS LA

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Charles J. Spindler* CHARLES J. SPINDLER 4/22/1996 334.B.44.6163

CR2E037 (12/95)