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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 744271 (8)

1. Corporation Name
SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATIO
N, 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 04/30/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27
City & State 23 City & State 28
Zip Country 24 Zip Country 29 30
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
RIGOS, PLATON
DEPT. OF POLIT SCIENCE, UNIV OF SOUTH FL
SOC 107 4202 EAST FOWLER AVE.
TAMPA FL 33820-5100
10. Name and Address of New Registered Agent
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	V <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE COX, POLITICAL SCIE	1.2 NAME	
STREET ADDRESS	GEORGIA SOUTHERN UNIVERSITY	1.3 STREET ADDRESS	
CITY - ST - ZIP	STATESBORO GA	1.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTON, JANET	2.2 NAME	Bill Solomon
STREET ADDRESS	POLITICAL SCIENCE DEPT, EASTERN KENTUCKY U	2.3 STREET ADDRESS	175 NW 1st Ave, 12th Floor
CITY - ST - ZIP	RICHMOND KY	2.4 CITY - ST - ZIP	Miami, FL 33128
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINDLER, CHARLES	3.2 NAME	
STREET ADDRESS	POLITICAL SCIENCE DEPT., AUBURN DEPT	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN UNIVERSITY AL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, BOB	4.2 NAME	
STREET ADDRESS	POLITICAL SCIENCE DEPT. UNIV. OF TENN.	4.3 STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIOCK, RICHARD	5.2 NAME	
STREET ADDRESS	PUBLIC ADMINISTRATION DEPT., FSU	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, DENISE	6.2 NAME	
STREET ADDRESS	URBAN AND PUBLIC AFFAIRS, U OF NEW ORLEANS	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Charles Spindler* 4/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0080022

CP2E037 (9/96)