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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744271** (8)
1. Corporation Name
**SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATIO
N, INC.**



Principal Place of Business POLITICAL SCIENCE DEPT 7080 HALEY CENTER AUBURN UNIVERSITY AL US	Mailing Address CHARLES SPINDLER, POLITICAL SCIENCE DEPT. 7080 HALEY CENTER AUBURN UNIVERSITY AL 36849
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3. Date Incorporated or Qualified 09/14/1978	
4. FEI Number 59-2639543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 33620-5100**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

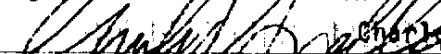
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GEORGE COX, POLITICAL SCIE	1.2 NAME	Bill Solomon
STREET ADDRESS	GEORGIA SOUTHERN UNIVERSITY	1.3 STREET ADDRESS	175 N.W. Ave 12th Floor
CITY-ST-ZIP	STATESBORO GA	1.4 CITY-ST-ZIP	Miami, FL
TITLE	VP	2.1 TITLE	VP
NAME	SOLOMON, BILL	2.2 NAME	Arie Halachmi
STREET ADDRESS	175 N.W. 1ST AVE., 12TH FLOOR	2.3 STREET ADDRESS	Institute of Gov. Tenn. State. University
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Nashville, Tenn
TITLE	T	3.1 TITLE	
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	4.1 TITLE	D
NAME	CUNNINGHAM, BOB	4.2 NAME	Lon Felker
STREET ADDRESS	POLITICAL SCIENCE DEPT. UNIV. OF TENN.	4.3 STREET ADDRESS	Box 70699
CITY-ST-ZIP	KNOXVILLE TN	4.4 CITY-ST-ZIP	Johnson City, Tenn
TITLE	D	5.1 TITLE	D
NAME	FEIOCK, RICHARD	5.2 NAME	Larry Taylor
STREET ADDRESS	PUBLIC ADMINISTRATION DEPT., FSU	5.3 STREET ADDRESS	Landrum Box 8035 Georgia Southern Univ.
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Statesboro GA
TITLE	D	6.1 TITLE	D
NAME	STRONG, DENISE	6.2 NAME	Mary Taylor
STREET ADDRESS	URBAN AND PUBLIC AFFAIRS, U OF NEW ORLEANS	6.3 STREET ADDRESS	105 Student Services Bldg
CITY-ST-ZIP	NEW ORLEANS LA	6.4 CITY-ST-ZIP	U. of Tenn. at Knoxville, Knoxville TN

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14. 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 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 in an attachment with an address.

SIGNATURE:  **Charles J. Spindler** Treasurer 4/21/98 334.844.6163

CR2E037 (10/97)