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Jan 28, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-28-1999 90020 005 *****61.25

DOCUMENT # 744271

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/14/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2639543

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

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	<input type="checkbox"/> DELETE
NAME	SOLOMON, BILL	
STREET ADDRESS	175 NW AVENUE 12TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALACHMI, ARIE	
STREET ADDRESS	INSTITUTE OF GOV. TENNESSEE STATE UNIV	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPINDLER, CHARLES	
STREET ADDRESS	POLITICAL SCIENCE DEPT., AUBURN DEPT	
CITY-ST-ZIP	AUBURN UNIVERSITY AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, BOB	
STREET ADDRESS	POLITICAL SCIENCE DEPT. UNIV. OF TENN.	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, LARRY	
STREET ADDRESS	LANDRUM BOX 8035 GEORGIA SOUTHERN UNIV	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, MARY	
STREET ADDRESS	105 STUDENT SERVICES BLDG UNIV OF TENN	
CITY-ST-ZIP	KNOXVILLE TN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Spindler

Date

1/12/99

Daytime Phone #

334.844.6163

CR2E037 (1/98)