


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90016 026 ****61.25

DOCUMENT # F07000003631 1. Entity Name CENTER FOR APPLIED LINGUISTICS, INCORPORATED					
Principal Place of Business 4646 40TH STREET NW WASHINGTON, DC 20016			Mailing Address 4646 40TH STREET NW WASHINGTON, DC 20016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-0807619	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROGNET, ALLENE GUS\$ 8231 NICE WAY SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAFONTAINE, HERNAN 34 GOODWIN CIRCLE HARTFORD, CT 06105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Liskin-Gasparro, Judith E. University of Iowa, Dept. of Spanish & Portuguese 111 Phillips Hall Iowa City, IA 52242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WOLFRAM, WALT BOX 8105 DEPT OF ENGLISH, NC STATE U RALEIGH, NC 276958105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Wolfram, Walt Box 8105 Dept. of English, NC State University Raleigh, NC 27695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, RICHARD 4 WENDOVER ROAD YARDLEY, PA 19067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Altman, Robert 536 Cherry Valley Road Princeton, NJ 08540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN-FREEMAN, DIANE 401 EAST LIBERTY ST, TCF BLDG, STE 350 AN ARBOR, MI 481042298	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maamouri, Mohamed University of Pennsylvania, Language Data Consortium 3600 Market Street, Suite 810 Philadelphia, PA 19104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTIAN, DONNA 4646 40TH STREET NW WASHINGTON, DC 20016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Macias, Reynaldo UCLA College 2300 Murphy Hall Box 951438 Los Angeles, CA 90095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEYTON, JOY 4646 40TH STREET NW WASHINGTON, DC 20016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Donna Christian <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Donna Christian, President		4-7-2008 <small>Date</small>
					202-362-0700 <small>Daytime Phone #</small>