

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003631

FILED
Jun 29, 2009
Secretary of State

Entity Name: CENTER FOR APPLIED LINGUISTICS, INCORPORATED

Current Principal Place of Business:

4646 40TH STREET NW
WASHINGTON, DC 20016

New Principal Place of Business:

Current Mailing Address:

4646 40TH STREET NW
WASHINGTON, DC 20016

New Mailing Address:

FEI Number: 52-0807619 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GROGNET, ALLENE GUS
8231 NICE WAY
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LISKIN-GASPARRO, JUDITH E
Address: 111 PHILLIPA HALL
City-St-Zip: IOWA CITY, IA 52242

Title: C () Delete
Name: WOLFRAM, WALT
Address: BOX 8105 DEPT OF ENGLISH
City-St-Zip: RALEIGH, NC 27695

Title: D () Delete
Name: ALTMAN, ROBERT
Address: 536 CHERRY VALLEY ROAD
City-St-Zip: PRINCETON, NJ 08540

Title: D () Delete
Name: MAAMOURI, MOHAMED
Address: UNIV. OF PENN, 3600 MARKET ST, STE. B
City-St-Zip: PHILADELPHIA, PA 19104

Title: P () Delete
Name: CHRISTIAN, DONNA
Address: 4646 40TH STREET NW
City-St-Zip: WASHINGTON, DC 20016

Title: VP () Delete
Name: PEYTON, JOY
Address: 4646 40TH STREET NW
City-St-Zip: WASHINGTON, DC 20016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CHRISTIAN, PRESIDENT

PRES

06/29/2009

Electronic Signature of Signing Officer or Director

Date