FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:25

DOCUMENT # 701480 (6)

1. Corporation Name
NATIONAL ALPHA LAMBDA DELTA, INC.

Principal Place of Business	Mailing Address
100 S MULBERRY SUITE 450 MUNCIE IN 47305 US	P.O. BOX 1576 MUNCIE IN 47308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1960
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-6134595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SANDLER, WILLIAM W. JR.
7980 SW 145 ST.
MIAMI FL 33158

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 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, PATRICIA	1.2 NAME	
STREET ADDRESS	6900 LOOP 1604 W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78249	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DOROTHY	2.2 NAME	
STREET ADDRESS	408 N 9TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SELINSGROVE PA 17870	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WADE, MARTHA	3.2 NAME	
STREET ADDRESS	MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 61341	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	EARWOOD-SMITH, GLENDA	4.2 NAME	JAMES STEMLER
STREET ADDRESS	RT 1, BOX 32	4.3 STREET ADDRESS	Univ of Portland - 500 N. Willamette Blvd.
CITY-ST-ZIP	MACON GA	4.4 CITY-ST-ZIP	Portland, OR 97203
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dorothy M. Anderson Dorothy M. Anderson 1/8/95 717-538-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D074A00