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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP.O. BOX 1576
MUNCIE IN 47308-1576
US

3. Date Incorporated or Qualified

09/30/1960

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 1347A ADAMS STREET

26 PO Box 4403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Macon, GA

28 Macon, GA

Zip

Country

Zip

Country

24 31207

25 B18B-USA

29 31208-4403

30 B10B-USA

4. FEI Number

59-6134595

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 VD ☐ DELETENAME GRAHAM, PATRICIA
STREET ADDRESS 6900 LOOP 1604 W.
CITY-ST-ZIP SAN ANTONIO TX 78249

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE PD ☐ DELETENAME ANDERSON, DOROTHY
STREET ADDRESS 408 N 9TH ST
CITY-ST-ZIP SELINGSGROVE PA 17870

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE VD ☐ DELETENAME WADE, MARTHA
STREET ADDRESS MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS
CITY-ST-ZIP ST. LOUIS MO 61341

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE D ☐ DELETENAME STEMLER, JAMES
STREET ADDRESS 500 N. WILLAMETTE BLVD.
CITY-ST-ZIP PORTLAND OR

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

14. I do 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.

SIGNATURE: Brenda Earwood-Smith (Brenda Earwood-Smith Executive Director 1/21/97 752-9824 912)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078937

CR2E037 (9/96)