


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701480 (6)**  
 1. Corporation Name  
**NATIONAL ALPHA LAMBDA DELTA, INC.**



Principal Place of Business 1347 A ADAMS STREET MACON GA 31207 US	Mailing Address P O BOX 4403 MACON GA 31208 US
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3. Date Incorporated or Qualified <b>09/30/1960</b>		
4. FEI Number <b>59-6134595</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAHAM, PATRICIA	
STREET ADDRESS	6900 LOOP 1604 W.	
CITY-ST-ZIP	SAN ANTONIO TX 78249	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DOROTHY	
STREET ADDRESS	408 N 9TH ST	
CITY-ST-ZIP	SELINGROVE PA 17870	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WADE, MARTHA	
STREET ADDRESS	MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS	
CITY-ST-ZIP	ST. LOUIS MO 61341	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEMLER, JAMES	
STREET ADDRESS	500 N. WILLAMETTE BLVD.	
CITY-ST-ZIP	PORTLAND OR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" 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	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Earwood-Smith, Glenda	
5.3 STREET ADDRESS	1347 A Adams Street	
5.4 CITY-ST-ZIP	Macon, GA 31208-4403	
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.

SIGNATURE: *Patricia A. Graham* **REQUIRED**

CP2E037 (10/97)