

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 031 ****61.25

DOCUMENT # 701480

1. Entity Name
NATIONAL ALPHA LAMBDA DELTA, INC.

Principal Place of Business		Mailing Address	
988 1/2 BOND STREET THE CARRIAGE HOUSE MACON GA 31201 US		P O BOX 4403 MACON GA 31208-4403 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6134595				Applied For
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SANDLER, WILLIAM W. JR. 7980 SW 145 ST. MIAMI FL 33158		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PATRICIA	NAME	
STREET ADDRESS	6900 LOOP 1604 W.	STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78249	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARWOOD-SMITH, GLENDA	NAME	
STREET ADDRESS	1347 A ADAMS ST.	STREET ADDRESS	988 1/2 Bond Street
CITY-ST-ZIP	MACON GA 31208	CITY-ST-ZIP	MACON, GA 31201
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, MARTHA	NAME	
STREET ADDRESS	MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 61341	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMLER, JAMES	NAME	
STREET ADDRESS	500 N. WILLAMETTE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Glennda Earwood Smith Date: Jan 31, 2000 Daytime Phone #: 912-301-4324

CR2E037 (9/99)