

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701480

1. Entity Name

NATIONAL ALPHA LAMBDA DELTA, INC.

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90029 039 ****61.25

703612



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 1/2 BOND STREET THE CARRIAGE HOUSE MACON GA 31201 US	Mailing Address P O BOX 4403 MACON GA 31208 US
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2. Principal Place of Business 328 Orange Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Macon GA	City & State	4. FEI Number 59-6134595	Applied For Not Applicable
Zip 31201	Country USA	Zip	Country

6. Name and Address of Current Registered Agent SANDLER, WILLIAM W. JR. 7980 SW 145 ST. MIAMI FL 33158	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, PATRICIA 6900 LOOP 1604 W. SAN ANTONIO TX 78249 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED EARWOOD-SMITH, GLENDA 900 1/2 BOND ST 328 Orange Street MACON GA 31201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADE, MARTHA MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS ST. LOUIS MO 61341 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Butch Hill Ohio University Trisolini Gallery Room 204 Athens, OH 45701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMLER, JAMES 500 N. WILLAMETTE BLVD. PORTLAND OR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Glenda Earwood Smith January 8, 2002 478-744-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)