

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701480

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NATIONAL ALPHA LAMBDA DELTA, INC.

**Current Principal Place of Business:**

328 ORANGE STREET  
MACON, GA 31201 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4403  
MACON, GA 31208 US

**New Mailing Address:**

FEI Number: 59-6134595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEMLER, JAMES  
Address: 5000 N. WILLAMETTE BLVD.  
City-St-Zip: PORTLAND, OR 97203

Title: ED ( ) Delete  
Name: EARWOOD, GLENDA  
Address: 328 ORANGE ST.  
City-St-Zip: MACON, GA 31201

Title: VD ( ) Delete  
Name: HILL, BUTCH  
Address: OHIO UNIV TRISOLINA GALLERY RM 204  
City-St-Zip: ATHENS, OH 45701

Title: VD ( ) Delete  
Name: HUFFMAN, SUSAN  
Address: 1160 W. STADIUM AVE.  
City-St-Zip: W. LAFAYETTE, IN 47906

Title: VD ( ) Delete  
Name: RUCH, LISA  
Address: 815 W. MICHIGAN ST.  
City-St-Zip: INDIANAPOLIS, IN 46202 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA EARWOOD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

03/19/2009

\_\_\_\_\_  
Date