

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:

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Name:
Address:
City-St-Zip:

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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