

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 701480

FILED
Jan 09, 2003
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: GRAHAM, PATRICIA,
Address: 6900 LOOP 1604 W.
City-St-Zip: SAN ANTONIO, TX 78249

Title: ED () Delete
Name: EARWOOD-SMITH, GLENDA
Address: 988 1/2 BOND 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: D () Delete
Name: STEMLER, JAMES
Address: 500 N. WILLAMETTE BLVD.
City-St-Zip: PORTLAND, OR

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAHAM, PATRICIA
Address: 6900 LOOP 1604 W.
City-St-Zip: SAN ANTONIO, TX 78249

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

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

Title: PE (X) Change () Addition
Name: STEMLER, JAMES
Address: 500 N. WILLAMETTE BLVD.
City-St-Zip: PORTLAND, OR

Title: VD () Change (X) Addition
Name: HUFFMAN, SUSAN
Address: 23-5 HILLTOP DR.
City-St-Zip: W. LAFAYETTE, IN 47906

I hereby certify that the information supplied with this filing does not qualify for the 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 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-SMITH

ED

01/09/2003

Electronic Signature of Signing Officer or Director

Date