

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

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

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 701480

1. Entity Name
NATIONAL ALPHA LAMBDA DELTA, INC.

Principal Place of Business Mailing Address
~~988 1/2 BOND STREET~~ **328 Orange Street** P O BOX 4403
THE CARRIAGE HOUSE **MACON GA 31208**
MACON GA 31201 **US**
US

2. Principal Place of Business 3. Mailing Address
328 Orange Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Macon GA

Zip Country Zip Country
31201 **USA**

4. FEI Number Applied For
59-6134595 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, PATRICIA	
STREET ADDRESS	6900 LOOP 1604 W.	
CITY-ST-ZIP	SAN ANTONIO TX 78249	
TITLE	ED	<input type="checkbox"/> Delete
NAME	EARWOOD-SMITH, GLENDA	
STREET ADDRESS	988 1/2 BOND ST 328 Orange Street	
CITY-ST-ZIP	MACON GA 31201	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WADE, MARTHA	
STREET ADDRESS	MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS	
CITY-ST-ZIP	ST. LOUIS MO 61341	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEMLER, JAMES	
STREET ADDRESS	500 N. WILLAMETTE BLVD.	
CITY-ST-ZIP	PORTLAND OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butch Hill	
STREET ADDRESS	Ohio University Trisolini Gallery Room 204	
CITY-ST-ZIP	Athens, OH 45701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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)