


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N43222 1. Entity Name GRAND ASSEMBLY OF THE LILY WHITE SECURITY BENEFIT ASSOCIATION, INCORPORATED	
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Principal Place of Business 1463 TAMPA PARK PLAZA TAMPA, FL 33605	Mailing Address 2207 E. 21ST AVENUE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7157477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, C B JR
2207 E. 21ST AVENUE
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **000000750513**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/23/08-80037-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ANDREWS, C. BLYTHE, JR PRES. 3506 RIVER GROVE DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC HAYES, GWENDOLYN C SEC. 3406 EAST HANNA AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP ANDREWS, S. KAY EXEC VP 2207 E. 21ST AVENUE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ANDREWS, C. BLYTHE, II DVP 2207 E. 21ST AVENUE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR GEORGE, ROSSIE DIR 1463 TAMPA PARK PLAZA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR PURIFY, ALMA DIR 1462 TAMPA PARK PLAZA TAMPA, FL 33605

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *S. Kay Andrews, Exec V. Pres.* **1/18/08** **813 248-1921**
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #