

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90025 022 ****61.25

DOCUMENT # N02000008643

1. Entity Name
FRIENDS OF RAYMOND JAMES, INC.



Principal Place of Business
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

Mailing Address
POST OFFICE BOX 12749
ST. PETERSBURG, FL 33716

60018455



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number
05-0540150

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATECKI, PAUL L.
RAYMOND JAMES FINANCIAL, INC.
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RETTIG, RETRIS, DAVID 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B TREASURER ERIKSEN, ELIZABETH 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALDEZ, JULIE 880 CARILON PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth Eriksen ELIZABETH ERIKSEN 2/16/07 727.527.4046