

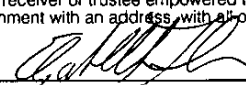


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 017 ****70.50

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		
					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0540150	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATECKI, PAUL L RAYMOND JAMES FINANCIAL, INC. 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RETRIG, DAVID		NAME	Ronald Hartze	
STREET ADDRESS	880 CARILLON PARKWAY		STREET ADDRESS	880 Carillon Pkwy St. Pete FL 33716	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP	ST. PETE FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIKSEN, ELIZABETH		NAME	Ann Hannon	
STREET ADDRESS	880 CARILLON PARKWAY		STREET ADDRESS	880 Carillon pkwy St. Pete FL 33716	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		CITY-ST-ZIP	ST. PETE FL 33716	
TITLE	S D	<input type="checkbox"/> Delete	TITLE	Director Kim Davis	<input type="checkbox"/> Change <input type="checkbox"/> Addition XX
NAME	VALDEZ, JULIE		NAME	Kim Davis	
STREET ADDRESS	880 CARILON PKWY		STREET ADDRESS	880 Carillon Pkwy St Pete FL 33716	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	ST. PETE FL 33716	
TITLE		<input type="checkbox"/> Delete	TITLE	Denise Watson	<input type="checkbox"/> Change <input type="checkbox"/> Addition XX
NAME			NAME	Secretary	
STREET ADDRESS			STREET ADDRESS	880 Carillon pkwy St. Pete FL 33716	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETE FL 33716	
TITLE		<input type="checkbox"/> Delete	TITLE	Jim Knight	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	880 Carillon pkwy St. Pete FL 33716	
STREET ADDRESS			STREET ADDRESS	Director	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETE FL 33716	
TITLE		<input type="checkbox"/> Delete	TITLE	Mary Jean Kissner, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XX
NAME			NAME	Mary Jean Kissner	
STREET ADDRESS			STREET ADDRESS	880 Carillon pkwy St. Pete FL 33716	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETE FL 33716	
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: 			Date 4/1/08 Daytime Phone # 727-567-4046		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					