

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008643

FILED
Jun 26, 2009
Secretary of State

Entity Name: FRIENDS OF RAYMOND JAMES, INC.

Current Principal Place of Business:

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 14073
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 05-0540150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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: HARTZ, RONALD
Address: 880 CARIILON PKWY ST.
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: ERIKSEN, ELIZABETH
Address: 880 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S () Delete
Name: VALDEZ, JULIE
Address: 880 CARILON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: S () Delete
Name: WATSON, DENISE
Address: 880 CARILLON PKWY ST.
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: KNIGHT, JIM
Address: 880 CARILLON PKW
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: KISSNER, MARY J
Address: 880 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 337166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: ERIKSEN, ELIZABETH
Address: 880 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D (X) Change () Addition
Name: VALDEZ, JULIE
Address: 880 CARILON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIZABETH ERIKSEN

T

06/26/2009

Electronic Signature of Signing Officer or Director

_____ Date