2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N02000008643

Entity Name: FRIENDS OF RAYMOND JAMES, INC.

Current Principal Place of Business:

880 CARILLON PARKWAY ST. PETERSBURG, FL 33716

Current Mailing Address:

880 CARILLON PARKWAY ATTN: S. PILCHER TOWER3 FLOOR 9 ST. PETERSBURG, FL 33716 US

FEI Number: 05-0540150

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	HARTZ, RONALD	Name	DIEHL, CAMERON
Address	880 CARILLON PARKWAY	Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR	Title	DIRECTOR
Name	DAVIS, KIMBERLY	Name	COCHRAN, KRISTINA
Address	880 CARILLON PARKWAY	Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR FISCHER, BARBARA	Title Name	DIRECTOR SZUKIS, HEATHER
Name	FISCHER, BARBARA 880 CARILLON PARKWAY	Name	SZUKIS, HEATHER
Name Address	FISCHER, BARBARA 880 CARILLON PARKWAY	Name Address	SZUKIS, HEATHER 880 CARILLON PARKWAY
Name Address City-State-Zip:	FISCHER, BARBARA 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	Name Address City-State-Zip:	SZUKIS, HEATHER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716
Name Address City-State-Zip: Title	FISCHER, BARBARA 880 CARILLON PARKWAY ST. PETERSBURG FL 33716 TREASURER, ASST. TREASURER	Name Address City-State-Zip: Title	SZUKIS, HEATHER 880 CARILLON PARKWAY ST. PETERSBURG FL 33716 VP

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: SCOTT PILCHER

TREASURER

07/07/2023

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jul 07, 2023 Secretary of State 2734397136CC

Officer/Director Detail Continued :

Title	SECRETARY	Title	TREASURER
Name	ANDERSON, BARBARA	Name	PILCHER, SCOTT
Address	880 CARILLON PARKWAY	Address	880 CARILLON PARKWAY
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	ST PETERSBURG FL 33716
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR BLANKENSHIP, GRACE	Title Name	DIRECTOR PILCHER, AMANDA
Name	BLANKENSHIP, GRACE	Name	PILCHER, AMANDA