

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008643

**Entity Name:** FRIENDS OF RAYMOND JAMES, INC.**Current Principal Place of Business:**880 CARILLON PARKWAY  
ATTN: E ERIKSEN, 12G00  
ST. PETERSBURG, FL 33716**Current Mailing Address:**880 CARILLON PARKWAY  
ATTN: E ERIKSEN, 12G00  
ST. PETERSBURG, FL 33716**FEI Number:** 05-0540150**Certificate of Status Desired:** Yes**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*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

**Officer/Director Detail :**

Title	P
Name	HARTZ, RONALD
Address	880 CARIILON PKWY ST.
City-State-Zip:	ST PETERSBURG FL 33716

Title	T
Name	ERIKSEN, ELIZABETH
Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716

Title	D
Name	VALDEZ, JULIE
Address	880 CARILON PKWY
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	S
Name	SOLDWEDEL, D.ANNE
Address	880 CARILLON PKWY ST.
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	D
Name	KNIGHT, JIM
Address	880 CARILLON PKW
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	DIRECTOR
Name	DIEHL, CAMERON
Address	880 CARILLON PARKWAY ATTN: E ERIKSEN, 12G00
City-State-Zip:	ST. PETERSBURG FL 33716

Title	DIRECTOR
Name	CICCOLINI, JOSEPH
Address	880 CARILLON PARKWAY ATTN: E ERIKSEN, 12G00
City-State-Zip:	ST. PETERSBURG FL 33716

Title	DIRECTOR
Name	DAVIS, KIMBERLY
Address	880 CARILLON PARKWAY ATTN: E ERIKSEN, 12G00
City-State-Zip:	ST. PETERSBURG FL 33716

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*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:** ELIZABETH ERIKSEN**TREASURER****01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 COCHRAN, KRISTINA  
Address             880 CARILLON PARKWAY  
                       ATTN: E ERIKSEN, 12G00  
City-State-Zip:    ST. PETERSBURG FL 33716

Title                   DIRECTOR  
Name                 WHITFORD, SCOTT  
Address             880 CARILLON PARKWAY  
                       ATTN: E ERIKSEN, 12G00  
City-State-Zip:    ST. PETERSBURG FL 33716