

**2024 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**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            PRESIDENT, DIRECTOR  
Name            HARTZ, RONALD  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

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

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

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

Title            DIRECTOR  
Name            FISCHER, BARBARA  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            SZUKIS, HEATHER  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            VP  
Name            FERGUSON, TODD  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title            SECRETARY  
Name            ANDERSON, BARBARA  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

**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****03/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           PILCHER, SCOTT  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title           DIRECTOR  
Name           PILCHER, AMANDA  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title           DIRECTOR  
Name           BLANKENSHIP, GRACE  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716