

2018 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: 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 PRESIDENT, DIRECTOR
Name HARTZ, RONALD
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

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

Title SECRETARY, DIRECTOR
Name WATSON, DENISE
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 CICCOLINI, JOSEPH
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 WHITFORD, SCOTT
Address 880 CARILLON PARKWAY
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**TREASUER****01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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