

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90163 010 ***150.00

DOCUMENT # J96725

1. Entity Name
RAYMOND JAMES TAX CREDIT FUNDS, INC.



Principal Place of Business
880 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716

Mailing Address
P.O. BOX 12749
ST. PETERSBURG, FL 33733-2749



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2869297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MATECKI, PAUL L
C/O RAYMOND JAMES FINANCIAL CENTER
800 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DINER, RONALD M.
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE VD
NAME DAVENPORT, MOSBY J III
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE ST
NAME FUREY, SANDRA
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE VP
NAME GEORGES, CAROL
STREET ADDRESS 880 CARILLON PKWY
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE V
NAME KROPF, STEVEN J
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE V
NAME SHUPE, SAMUEL W.
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ronald M. Diner, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 567-1000
Daytime Phone #