2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J96725

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

Principal Place of Business	Mailing Address
880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716	P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749

04222005 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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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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05/04/05-80108-022 150.00

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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, RJTCF Inc. 727-567-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #