

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90012 002 ****61.25

DOCUMENT # N00000005572
 1. Entity Name
PLAYWRIGHTS' ROUND TABLE, INC.



Principal Place of Business Mailing Address
 1052 MONTGOMERY RD 1052 MONTGOMERY RD
 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business 3. Mailing Address
Same as Above *Same as Above*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
GORING, JOHN M
1052 MONTGOMERY RD
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name *Same*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 John M. Goring, president. DATE Feb 5, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | GORING, JOHN | |
| STREET ADDRESS | 2450 PLEASANT DR | |
| CITY-ST-ZIP | LONGWOOD FL 32714 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MANNETTE, MARK | |
| STREET ADDRESS | 3960 BISCAYNE DR | |
| CITY-ST-ZIP | WINTER PARK FL 32708 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BRACKEL, AMY S | |
| STREET ADDRESS | 4737 EMERALD FOREST WAY, #1807 | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MITCHEL, LYNDOL D | |
| STREET ADDRESS | 14507 GREYDALE CIR | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GORING, JOHN | |
| STREET ADDRESS | 1054 MONTGOMERY ROAD | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCGRATH, JACK | |
| STREET ADDRESS | 1051 LONG BRANCH LANE | |
| CITY-ST-ZIP | OVIEDO FL 32765 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVID WOMBLE | |
| STREET ADDRESS | 1984 SHADY HILL TERRACE | |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES BRUNER | |
| STREET ADDRESS | 2010 HARRISON | |
| CITY-ST-ZIP | ORLANDO, FL 32804 | |
| TITLE | VPS | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AMY BRACKEL | |
| STREET ADDRESS | 4737 EMERALD FOREST WAY #1807 | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, 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: John M. Goring John M. Goring DATE Feb 5, 2004 DAYTIME PHONE # 407-869-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #