


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 023 ****70.00

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



Principal Place of Business
 2450 PLEASANT DRIVE
 LONGWOOD, FL 32779 US

Mailing Address
 2450 PLEASANT DRIVE
 LONGWOOD, FL 32779 US

60024304

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3733179

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GORING, JOHN M
 2450 PLEASANT DR
 LONGWOOD, FL 32714

7. Name and Address of New Registered Agent

Name
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	GORING, JOHN M	
STREET ADDRESS	2450 PLEASANT DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	DENT, CHARLES R	
STREET ADDRESS	4696 MIDDLEBROOK RD #J	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARSON, NICOLE A	
STREET ADDRESS	301 BALFOUR DR #311	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERLINE, ANTHONY	
STREET ADDRESS	3451 CIRAR STREAM DR	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRATH, JACK	
STREET ADDRESS	6000 METROWEST BLVD #200	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBRA SOLOMON	
STREET ADDRESS	2224 KING RICHARDS COURT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, ANTHONY	
STREET ADDRESS	3451 CLEAR STREAM DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERGANDE, AL	
STREET ADDRESS	1314 CHICHESTER STREET	
CITY-ST-ZIP	ORLANDO, FL 32803	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles R Dent* **4/11/08 (407) 922-6284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #