

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005572

Entity Name: PLAYWRIGHTS' ROUND TABLE, INC.**Current Principal Place of Business:**4696 MIDDLEBROOK ROAD
J
ORLANDO, FL 32811**Current Mailing Address:**4696 MIDDLEBROOK ROAD
J
ORLANDO, FL 32811 US**FEI Number: 59-3733179****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DENT, CHARLES R
4696 MIDDLEBROOK ROAD
J
ORLANDO, FL 32811 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	P
Name	DENT, CHARLES R
Address	4696 MIDDLEBROOK ROAD #J
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	PERGANDE, AL
Address	1314 CHICHESTER ST.
City-State-Zip:	ORLANDO FL 32803

Title	TREASURER
Name	FLOWERS, DEENA
Address	2689 ORANGE PEEL COURT
City-State-Zip:	ORLANDO FL 32806

Title	D
Name	STRAUSS, DAVID
Address	1829 HOLLENBECK DRIVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	MURRAY, KATE
Address	1200 N. BUMBY
City-State-Zip:	ORLANDO FL 32803

Title	SECRETARY
Name	TRAHAN, RUSSELL
Address	2301 HICKORY LANE
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	TRASK, BILL
Address	4500 FONTANA ST
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	NORRIS, GARY
Address	1830 S. LEHIGH DRIVE
City-State-Zip:	DELTONA FL 32725

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: CHARLES DENT**PRESIDENT****03/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date