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FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10464**

(6)

1. Corporation Name

PAGE PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

657 VICTORIA STREET
COSTA MESA CA 92627

PO BOX 10909
COSTA MESA CA 92627
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/17/1986

4. FEI Number

95-1831061

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

LUNA, CHARALINE V DR
650 E. AIRPORT BLVD.
SANFORD FL 32773

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
VAUGHAN, CHARLES
STREET ADDRESS
657 VICTORIA ST.
CITY - ST - ZIP
COSTA MESA CA

TITLE ☐ DELETE

NAME
PD
VAUGHAN, CHARLES
STREET ADDRESS
657 VICTORIA ST.
CITY - ST - ZIP
COSTA MESA CA

TITLE ☐ DELETE

NAME
D
EVERSON, YVONNE
STREET ADDRESS
133 S. PLYMOUTH BLVD.
CITY - ST - ZIP
LOS ANGELES CA

TITLE ☐ DELETE

NAME
D
HAMILTON, PATRICK
STREET ADDRESS
1800 PORT ASHLEY
CITY - ST - ZIP
NEWPORT BEACH CA

TITLE ☐ DELETE

NAME
D
POLLOCK, DANA
STREET ADDRESS
506 E. SOUTH TEMPLE
CITY - ST - ZIP
SALT LAKE CITY UT

TITLE ☐ DELETE

NAME
SD
VAUGHAN, MICHELE F
STREET ADDRESS
657 VICTORIA ST.
CITY - ST - ZIP
COSTA MESA CA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

01-13-98

714-315-1700

CR2E037 (10/97)