

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 041 ****70.00

DOCUMENT # P10464 1. Entity Name PAGE PRIVATE SCHOOL, INC.					
Principal Place of Business 657 VICTORIA STREET COSTA MESA, CA 92627				Mailing Address PO BOX 10909 COSTA MESA, CA 92627 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072004 Chg-NP CR2E037 (10/03)	
4. FEI Number 95-1831061				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUNA, CHARALINE V.DR. 650 E. AIRPORT BLVD. SANFORD, FL 32773			Name Patricia Klindworth Street Address (P.O. Box Number is Not Acceptable) 10250 University Blvd. City Orlando FL Zip Code 32817		
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 <u>Patricia Klindworth, Sr. Director</u> 1-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, CHARLES 657 VICTORIA ST. COSTA MESA, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, CHARLES 657 VICTORIA ST. COSTA MESA, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERSON, YVONNE 133 S. PLYMOUTH BLVD. LOS ANGELES, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, PATRICK 1800 PORT ASHLEY NEWPORT BEACH, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, DANA 506 E. SOUTH TEMPLE SALT LAKE CITY, UT	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHAN, MICHELE F 657 VICTORIA ST. COSTA MESA, CA	<input type="checkbox"/> Delete			
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: <u>Charles Vaughan</u> 1-9-04 949 515-1700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					