

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 042 ****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**

50004459



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-1831061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLINDWORTH, PATRICIA
10250 UNIVERSITY BLVD
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, CHARLES 657 VICTORIA ST. COSTA MESA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, CHARLES 657 VICTORIA ST. COSTA MESA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERSON, YVONNE 133 S. PLYMOUTH BLVD. LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, PATRICK 1800 PORT ASHLEY NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, DANA 506 E. SOUTH TEMPLE SALT LAKE CITY, UT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHAN, MICHELE F 657 VICTORIA ST. COSTA MESA, CA

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/05 949 515-1700