

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # F98000003074

1. Entity Name  
ETERNAL DIVINE PATH (THE MISSION OF MAITREYA),  
INCORPORATED



Principal Place of Business  
PO BOX 44100  
RIO RANCHO, NM 87174

Mailing Address  
PO BOX 44100  
RIO RANCHO, NM 87174



03262004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
85-0316267

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAPPAPORT, DOTTIE  
12500 CLASSIC DR  
CORAL SPRINGS, FL 33071

**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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000109390  
04/12/04-80040-009 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
VOGELSANG, DOLORES  
3610 ST. ANDREWS S.E.  
RIO RANCHO, NM 87124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TSVC  
EMMANUEL, ELLEN  
3610 ST. ANDREWS S.E.  
RIO RANCHO, NM 87124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
EMMANUEL, JOSEPH  
3610 ST ANDREWS SE  
RIO RANCHO, NM 87124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *x Ellen R. Emmanuel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ellen R. Emmanuel, Sec. / Treasurer*  
*3/30/04*