

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 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**

DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

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, 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
**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

000000360567
05/05/05-80035-025 61.25

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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)(f), 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:

Ellen R. Emmanuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 *505-892-8527*
Date Daytime Phone #