2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000003074

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

			1	WILLIAM STATE OF THE STATE OF T			
PO BOX 441	e of Business 00 , NM 87174	Mailing Address PO BOX 44100 RIO RANCHO, NM 871	74	400	189959		
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2EC	37 (11/05)	
City & State		City & State	City & State		267	Applied For Not Applicat	
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and A	ddress of New Registered		
D400400			Name				
12500 CLA	RT, DOTTIE ASSIC DR PRINGS, FL 33071		Stree	Street Address (P.O. Box Number is Not Acceptable)			
	,		City		FL	Zip Code	
8. The above the obligate.	named entity submits this statement fi ions of registered agent. Signature, typed or printed name of registered ager			e or registered agent, or both		familiar with, and acce	
	Filing Fee is \$61.25 Due by May 1, 2006	I	9. Election Campaign Financing Trust Fund Contribution.			k payable to trnent of State	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHAI	IGES TO OFFICERS AND DI	RECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOGELSANG, DOLORES 3610 ST. ANDREWS S.E. RIO RANCHO, NM 87124	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SECRETARY VOGELSANG D S 969 LOS REY RIO RANCHO.	1010865 1ESUR ^{R.} 87124	XI Change ☐ Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVC EMMANUEL, ELLEN 3610 ST. ANDREWS S.E RIO RANCHO, NM 87124	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	EMMANUEL, E 983 BEVITA	Heil - TREAS.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC EMMANUEL, JOSEPH 3610 ST ANDREWS SE RIO RANCHO, NM 87124	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	RIO RANCH	o. NM 8718	Dichange □ Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	LISE ROBE 3792 BOU STE-FOY, 6	REE-VICE AR L LIEGEOIS DUEBEC, CANAL	g⊡ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		1	☐ Change ☐ Addit	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Additi	

FILED

May 09, 2006 8:00 am Secretary of State

05-09-2006 90085 042 ****61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 i

CITY-ST-ZIP