

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 A**  
**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**



03142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**85-0316267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2007**

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	<b>S VOGELSANG, DOLORES 909 LOS REYES DR. RIO RANCHO, NM 87124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EMMANUEL, ELLEN 983 BENJAMIN DR RIO RANCHO, NM 87124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBP EMMANUEL, JOSEPH 983 BENJAMIN DR RIO RANCHO, NM 87124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROBERGE, LISE 2792 BOUL LIEGEOIS STE-FOY QUEBEC, CANADA, 61w 2a3</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000680671  
04/04/07-80010-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

*X Ellen R. Emmanuel (Treasurer)*

*3/24/07 505-892-8527*