2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000003074

ETERNAL DIVINE PATH (THE MISSION OF MAITREYA), INCORPORATED



FILED Jun 02, 2008 08:00 AM Secretary of State

Principal Place of Business

PO BOX 44100

RIO RANCHO, NM 87174

Mailing Address

PO BOX 44100

RIO RANCHO, NM 87174



05142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 85-0316267 Applied For Not Applicab

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

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or i	registered agent, or both, in the St	ate of Florida. 1 am familiar with, and acce	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Registered	Agent signatur	e required when reinstalling)	DATE	
D	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Campaign Finand Trust Fund Contribution.	cing	\$5.00 May Be 08.704/0	00932553 8-80088-022 61.25	
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOGELSANG, DOLORES 909 LOS REYES DR. RIO RANCHO, NM 87124					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMMANUEL, ELLEN 983 BENJAMIN DR RIO RANCHO, NM 87124					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP EMMANUEL, JOSEPH 983 BENJAMIN DR RIO RANCHO, NM 87124	·		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERGE, LISE 2792 BOUL LIEGEOIS STE-FOY QUEBEC, CANADA, 61w 2a3		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the corporation of the receiver of the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the receiver of the receiver of the receiver of the receive

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP