

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003074

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** ETERNAL DIVINE PATH (THE MISSION OF MAITREYA), INCORPORATED

**Current Principal Place of Business:**

PO BOX 44100  
RIO RANCHO, NM 87174

**New Principal Place of Business:**

983 BENJAMIN DRIVE  
RIO RANCHO, NM 87124

**Current Mailing Address:**

PO BOX 44100  
RIO RANCHO, NM 87174

**New Mailing Address:**

**FEI Number:** 85-0316267      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RAPPAPORT, DOTTIE  
12500 CLASSIC DR  
CORAL SPRINGS, FL 33071      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: VOGELSANG, DOLORES  
Address: 909 LOS REYES DR.  
City-St-Zip: RIO RANCHO, NM 87124

Title: T      ( ) Delete  
Name: EMMANUEL, ELLEN  
Address: 983 BENJAMIN DR  
City-St-Zip: RIO RANCHO, NM 87124

Title: COBP      ( ) Delete  
Name: EMMANUEL, JOSEPH  
Address: 983 BENJAMIN DR  
City-St-Zip: RIO RANCHO, NM 87124

Title: V      ( ) Delete  
Name: ROBERGE, LISE  
Address: 2792 BOUL LIEGEOIS STE-FOY  
City-St-Zip: QUEBEC, CANADA, 61W 2A3

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN EMMANUEL

T

06/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date