

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000004041

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**1709050627CC**

**Entity Name:** INTERNATIONAL SOCIETY FOR MOLECULAR  
NEURODEGENERATION, INC.

**Current Principal Place of Business:**

9745 TOUCHTON RD.  
UNIT 626  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

10700 BEACH BLVD  
P.O. BOX 17316  
JACKSONVILLE, FL 32246 US

**FEI Number: 86-2907045**

**Certificate of Status Desired: Yes**

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

LI, HONGMEI  
9745 TOUCHTON RD.  
UNIT 626  
JACKSONVILLE, FL 32246 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

**Officer/Director Detail :**

Title OFFICER, TREASURER  
Name FEATHERS, DANIELLE  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

Title OFFICER, PUBLICATIONS & SCIENCE  
PROGRAMS  
Name LI, HONGMEI PHD  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

Title BD  
Name BU, GUOJUN PH.D.  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

Title BD, PRESIDENT  
Name NIELSEN, HENRIETTA M PH.D.  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

Title BD  
Name ZHENG, HUI PHD  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

Title OFFICER, COMMUNICATIONS &  
DIVERSITY  
Name JOB, LUCY MSC  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name VASSAR, ROBERT J PHD  
Address 10700 BEACH BLVD  
P.O. BOX 17316  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby 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 all other like empowered.*

**SIGNATURE: DANIELLE FEATHERS**

**TREASURER**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date