SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $100 (IF REINSTATED), REINSTATEMENT DUE TO REINSTATE: $000

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001048 (8)**

1. Corporation Name
THE MYELIN PROJECT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1747 PENNSYLVANIA AVE., NW SUITE 950 WASHINGTON DC 20006	1747 PENNSYLVANIA AVE., NW SUITE 950 WASHINGTON DC 20006

3. Date Incorporated or Qualified: **02/25/1993**
3a. Date of Last Report: **01/20/1994**
4. FEI Number: **52-1545992** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GOLD, JAY
2207 EARLEAF COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	P	1.1 TITLE	
NAME	ODONE, AUGUSTO	1.2 NAME	
STREET ADDRESS	1747 PENNSYLVANIA AVE., NW, STE. 950	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	ODONE, MICHAELA	2.2 NAME	
STREET ADDRESS	3700 CORDOVA PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22031	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	LOUISELL, RICHARD	3.2 NAME	
STREET ADDRESS	7385 PEMBROKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RENO NV 89502	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	GOLD, JAY	4.2 NAME	
STREET ADDRESS	2207 EARLEAFT CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	GERNHART, JOHN	5.2 NAME	
STREET ADDRESS	3054 185TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOVILLE IA 51039	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	BENTON, PATTI	6.2 NAME	
STREET ADDRESS	15449 DE PAUW ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC PALISADES CA	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Augusto Odone 7/5/95 202-452-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00010020