

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000001048 (8)**  
1. Corporation Name

**THE MYELIN PROJECT, INC.**

Principal Place of Business

**1747 PENNSYLVANIA AVE.. NW  
SUITE 950  
WASHINGTON DC 20006**

Mailing Address

**1747 PENNSYLVANIA AVE.. NW  
SUITE 950  
WASHINGTON DC 20006**



3. Date Incorporated or Qualified

**02/25/1993**

4. FEI Number

**52-1545992**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLD, JAY  
2207 EARLEAF COURT  
LONGWOOD FL 32779**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ODONE, AUGUSTO</b>	
STREET ADDRESS	<b>1747 PENNSYLVANIA AVE., NW, STE. 950</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ODONE, MICHAELA</b>	
STREET ADDRESS	<b>3700 CORDOVA PLACE</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22031</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LOUISELL, RICHARD</b>	
STREET ADDRESS	<b>7385 PEMBROKE DR.</b>	
CITY-ST-ZIP	<b>RENO NV 89502</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLD, JAY</b>	
STREET ADDRESS	<b>2207 EARLEAF CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GERNHART, JOHN</b>	
STREET ADDRESS	<b>3054 185TH ST.</b>	
CITY-ST-ZIP	<b>MOVILLE IA 51039</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPMAN, PATTI</b>	
STREET ADDRESS	<b>1420 FLORESTA PLACE</b>	
CITY-ST-ZIP	<b>PACIFIC PALISADES CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>CHAPMAN, PATTI</b>
6.3 STREET ADDRESS	<b>1449 Calle del Jonella</b>
6.4 CITY-ST-ZIP	<b>Pacific Palisades, Ca 90272</b>

14. I hereby certify that the information supplied with this filing 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* 7/1/98 (202) 452-8884

CR2E037 (10/97)