

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000001048**

1. Entity Name  
**THE MYELIN PROJECT, INC.**



Principal Place of Business  
**2136 GALLOWS RD  
SUITE E  
DUNN LORING, VA 22027**

Mailing Address  
**2136 GALLOWS RD  
SUITE E  
DUNN LORING, VA 22027**



04082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1545992**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jay Gold

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

(NOTE: Registered Agent signature required when reinstating)

April 8, 2004

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000119104  
04/19/04-80087-016 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODONE, AUGUSTO 2136 GALLOWS RD SUITE E DUNN LORING, VA 22027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, JEAN 31 BEECHWOOD ROAD BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, JAY 2207 EARLEAF CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERNHART, JOHN 3054 185TH ST. MOVILLE, IA 51039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, PATTI 1449 CALLE DEL JONELLA PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOVDE, ERIC 1826 JEFFERSON PLACE NW WASHINGTON, DC 20036

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Augusto Odone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

(703)560-5400

Daytime Phone #