

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90349 033 *****61.25

DOCUMENT # F93000001048

1. Entity Name

THE MYELIN PROJECT, INC.



Principal Place of Business

**2136 GALLOWES RD
SUITE E
DUNN LORING VA 22027**

Mailing Address

**2136 GALLOWES RD
SUITE E
DUNN LORING VA 22027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ODONE, AUGUSTO**
STREET ADDRESS **2136 GALLOWES RD SUITE E**
CITY-ST-ZIP **DUNN LORING VA 22027**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hyman Abadi**
STREET ADDRESS **9999 Collins Avenue, Apt. 14C**
CITY-ST-ZIP **Bal Harbour, FL 33154**

TITLE **T** ☐ Delete
NAME **KELLEY, JEAN**
STREET ADDRESS **31 BEECHWOOD ROAD**
CITY-ST-ZIP **BRANFORD CT 06405**

TITLE **Director** ☐ Change ☒ Addition
NAME **Neal Andrews**
STREET ADDRESS **300 N. 21st Street**
CITY-ST-ZIP **Birmingham, AL 35203**

TITLE **T** ☐ Delete
NAME **GOLD, JAY**
STREET ADDRESS **2207 EARLEAF CT.**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GERNHART, JOHN**
STREET ADDRESS **3054 185TH ST.**
CITY-ST-ZIP **MOVILLE IA 51039**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CHAPMAN, PATTI**
STREET ADDRESS **1449 CALLE DEL JONELLA**
CITY-ST-ZIP **PACIFIC PALISADES CA 90272**

TITLE **Director** ☐ Change ☒ Addition
NAME **Sharon Granetz**
STREET ADDRESS **845 Star View Way**
CITY-ST-ZIP **Bridgewater, NJ 08807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Eric Hovde**
STREET ADDRESS **1826 Jefferson Place, N.W.**
CITY-ST-ZIP **Washington, D.C. 20036**

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:

SIGNATURE REQUIRED

Augusto Odone, President

4/29/03

703-560-5400

CR2E037 (10/02)