

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002736

Entity Name: ATAXIA TELANGIECTASIA CHILDREN'S PROJECT, INC.**Current Principal Place of Business:**5300 W. HILLSBORO BLVD.
SUITE 105
COCONUT CREEK, FL 33073**Current Mailing Address:**5300 W. HILLSBORO BLVD.
SUITE 105
COCONUT CREEK, FL 33073 US**FEI Number:** 65-0427215**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARGUS, BRADLEY A
5300 W. HILLSBORO BLVD.
SUITE 105
COCONUT CREEK, FL 33073 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	D
Name	MADISON, AMY
Address	5300 W. HILLSBORO BLVD., SUITE 105
City-State-Zip:	COCONUT CREEK FL 33073

Title	D
Name	JEHLIK, GREG
Address	5300 W. HILLSBORO BLVD. SUITE 105
City-State-Zip:	COCONUT CREEK FL 33073

Title	D
Name	MARGUS, BRADLEY A
Address	5300 W. HILLSBORO BLVD. SUITE 105
City-State-Zip:	COCONUT CREEK FL 33073

Title	D
Name	FEELEY, JOHN D
Address	5300 W. HILLSBORO BLVD. SUITE 105
City-State-Zip:	COCONUT CREEK FL 33073

Title	DIRECTOR
Name	THORNTON, JENNIFER
Address	5300 W. HILLSBORO BLVD. SUITE 105
City-State-Zip:	COCONUT CREEK FL 33073

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: JENNIFER THORNTON**EXECUTIVE DIRECTOR
AND BOARD MEMBER****02/20/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date