

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002736

**Entity Name:** ATAXIA TELANGIECTASIA CHILDREN'S PROJECT, INC.**Current Principal Place of Business:**6810 N. STATE ROAD 7  
SUITE 125  
COCONUT CREEK, FL 33073**Current Mailing Address:**6810 N. STATE ROAD 7  
SUITE 125  
COCONUT CREEK, FL 33073 US**FEI Number:** 65-0427215**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARGUS, BRADLEY A  
6810 N. STATE ROAD 7  
SUITE 125  
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 6810 N. STATE ROAD 7  
SUITE 125  
City-State-Zip: COCONUT CREEK FL 33073Title D  
Name MARGUS, BRADLEY A  
Address 6810 N. STATE ROAD 7  
SUITE 125  
City-State-Zip: COCONUT CREEK FL 33073Title DIRECTOR  
Name THORNTON, JENNIFER  
Address 6810 N. STATE ROAD 7  
SUITE 125  
City-State-Zip: COCONUT CREEK FL 33073Title D  
Name JEHLIK, GREG  
Address 6810 N. STATE ROAD 7  
SUITE 125  
City-State-Zip: COCONUT CREEK FL 33073Title D  
Name FEELEY, JOHN D  
Address 6810 N. STATE ROAD 7  
SUITE 125  
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****03/14/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date