


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002736**  
 1. Entity Name  
**ATAXIA TELANGIECTASIA CHILDREN'S PROJECT, INC.**



Principal Place of Business      Mailing Address  
**668 SOUTH MILITARY TRAIL**      **668 SOUTH MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**      **DEERFIELD BEACH FL 33442**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**MARGUS, BRADLEY A**  
**21645 CARTAGENA DRIVE**  
**BOCA RATON FL 33428**

4. FEI Number      Applied For  
**65-0427215**      Not Applicable

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

7. Name and Address of New Registered Agent  
 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 re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	D <input type="checkbox"/> Delete DONOGHUE, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	765 HOLLOW TREE RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	CITY-ST-ZIP	000000269123 03/18/05-80070-019 70.00
TITLE	D <input type="checkbox"/> Delete MADISON, AMY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1505 RED OAK COVE	STREET ADDRESS	
CITY-ST-ZIP	SCHERTZ TX 78154	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MIDDLEBROOK, ROB	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	34 POWDER HILL RD.	STREET ADDRESS	
CITY-ST-ZIP	BEDFORD NH 03110	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete JEHLIK, GREG	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	23 ELIOT HILL RD	STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MARGUS, BRADLEY A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21645 CARTAGENA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **BRADLEY A. MARGUS**      3/17/05      954-481-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #