

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008611

FILED
Feb 21, 2012
Secretary of State

Entity Name: COMMUNITY ASSISTANCE & BENEFIT CORP.

Current Principal Place of Business:

7671 VINISTE DR
BOYNTON BEACH, FL 33472 US

New Principal Place of Business:

Current Mailing Address:

7671 VINISTE DR
BOYNTON BEACH, FL 33472 US

New Mailing Address:

FEI Number: 20-1601482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KREBS, HAROLD
9589 SHADYBROOK DR. - #102
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: KREBS, HAROLD
Address: 9589 SHADYBROOK DR. - #102
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V
Name: BERKOWITZ, LANCE
Address: 6867 CAVIRO LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S
Name: KURPIT, DAVID
Address: 9913 ARBOR VIEW DR., SO.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T
Name: EHRENBERG, NEAL
Address: 7671 VINISTE DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D
Name: HOROWITZ, IRWIN
Address: 7626 SEAFOAM COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: SHULMAN, GERALD
Address: 7631 SEAFOAM COURT
City-St-Zip: BOYNTON BEACH, FL 33437

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: NEAL EHRENBERG

T

02/21/2012

Electronic Signature of Signing Officer or Director

_____ Date