

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008611

**FILED  
Mar 08, 2018  
Secretary of State  
CC7248753787**

**Entity Name:** COMMUNITY ASSISTANCE & BENEFIT CORP.

**Current Principal Place of Business:**

7671 VINISTE DR  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

7671 VINISTE DR  
BOYNTON BEACH, FL 33472 US

**FEI Number:** 20-1601482

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

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

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

Title D  
Name LIEBMAN, BERNARD  
Address 2792 DONNELLY DRIVE  
APT. 1001  
City-State-Zip: LANTANA FL 33462

*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**

**TREASURER**

**03/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date