

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009079

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** NEWSTART WITH WORKNET CAREER CENTER, INC.

**Current Principal Place of Business:**

4008 PINE RUN CIR  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

300 S PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

4008 PINE RUN CIR  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 26-3343790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNEAULT, VIKKI  
4008 PINE RUN CIR  
ST AUGUSTINE, FL 32086 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: C ( ) Delete  
Name: ARNEAULT, VIKKI FOUNDER  
Address: 4008 PINE RUN CIR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VC ( ) Delete  
Name: SUTTON, VALERIE  
Address: 162 SEGOVIA RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: STEPHENS, NOLA HELEN  
Address: 1 FANCHER CT  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: WEBB, PATRICIA  
Address: 4008 PINE RUN CIR  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: ARNEAULT, VIKKI  
Address: 4008 PINE RUN CIR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIKKI ARNEAULT

DIR

02/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date