

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