

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003452

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** KIROS NEW HORIZONS, INC.

**Current Principal Place of Business:**

12739 SERENADE CIRCLE N  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12739 SERENADE CIRCLE N  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 20-8802496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH-MOBLEY, CYCLYN R  
12739 SERENADE CIRCLE N  
JACKSONVILLE, FL 32225 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: DP  
Name: SMITH-MOBLEY, CYOLYN R  
Address: 12739 SERENADE CIRCLE N  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DVPT  
Name: STRACHAN, IDELL A  
Address: 12739 SERENADE CIRCLE N  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: CLOTILDA, CHARLES  
Address: 2162 YULEE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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: IDELL A. STRACHAN

DVPT

04/30/2012

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

\_\_\_\_\_  
Date