

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003452

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

**Current Principal Place of Business:**

12739 SERENADE CIRCLE N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12739 SERENADE CIRCLE N  
JACKSONVILLE, FL 32225

**FEI Number:** 20-8802496

**Certificate of Status Desired:** Yes

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

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

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

Title D  
Name CLOTILDA, CHARLES  
Address 2162 YULEE STREET  
City-State-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 STRACHAN

DVPT

04/14/2016

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

\_\_\_\_\_  
Date