

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008989

**Entity Name:** HEALING HOOF STEPS CORPORATION

**Current Principal Place of Business:**

3942 JACE DRIVE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

3942 JACE DRIVE  
CRESTVIEW, FL 32539 US

**FEI Number: 47-1954864**

**Certificate of Status Desired: No**

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

JENKINS, NARISSA N  
3922 JACE DRIVE  
CRESTVIEW, FL 32539 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	CEO	Title	PRESIDENT
Name	JENKINS, NARISSA N	Name	BRANNON, SHANNON
Address	3922 JACE DRIVE	Address	42 OREGON DRIVE
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	FORT WALTON BEACH FL 32548
Title	BM	Title	BOARD MEMBER
Name	PETERSON, TRAVIS	Name	ARROWSMITH, CANDIE
Address	106 HANDS COVE LANE	Address	205 LAFITTE CRESCENT
City-State-Zip:	SHALIMAR FL 32579	City-State-Zip:	FORT WALTON BEACH FL 32547
Title	SECRETARY	Title	VP
Name	HAMMOND, SUSAN	Name	VECHERY, JAMES
Address	64 HILLCREST DRIVE	Address	6007 AUGUSTINE DRIVE
City-State-Zip:	SHALIMAR FL 32579	City-State-Zip:	PACE FL 32571
Title	TREASURER	Title	BOARD MEMBER
Name	MISSILEDINE, CAROL	Name	GLASER, STACEY LEE
Address	129 DALTON DRIVE	Address	6750 SR 189
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	BAKER FL 32531

**Continues on page 2**

*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: NARISSA JENKINS**

**CEO**

**01/24/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name WAYNE, DEEDE  
Address 331 SHARON DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title BOARD MEMBER  
Name WELLS, JAMIE  
Address 5445 MERLIN WAY  
City-State-Zip: MILTON FL 32583

Title BOARD MEMBER  
Name HARPER, JULIE PSYD  
Address 519 BOULDER STREET  
City-State-Zip: CRESTVIEW FL 32536