

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 06, 2019
Secretary of State
6402197915CC

Entity Name: HEALING HOOF STEPS CORPORATION

Current Principal Place of Business:

3922 JACE DRIVE
CRESTVIEW, FL 32539

Current Mailing Address:

3922 JACE DRIVE
CRESTVIEW, FL 32539

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 EXECUTIVE DIRECTOR
Name JENKINS, NARISSA N
Address 3922 JACE DRIVE
City-State-Zip: CRESTVIEW FL 32539

Title PRESIDENT
Name GLASER, STACEY L
Address 76 COUNTRY CLUB ROAD
City-State-Zip: SHALIMAR FL 32579

Title SECRETARY
Name BRANNON, SHANNON
Address 42 OREGON DRIVE
City-State-Zip: FORT WALTON BEACH FL 32548

Title TREASURER
Name THOMAS, LEE
Address 330 BILLFISH DRIVE #212
City-State-Zip: FORT WALTON BEACH FL 32548

Title VP
Name PROCTOR, MICHELLE
Address 14 ROSERITA PLACE
City-State-Zip: MARY ESTHER FL 32569

Title BM
Name PETERSON, TRAVIS
Address 106 HANDS COVE LANE
City-State-Zip: SHALIMAR FL 32579

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

EXECUTIVE DIRECTOR

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date