

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008989

FILED
Feb 19, 2024
Secretary of State
8525586041CC

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

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

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

Title BOARD MEMBER
Name ARROWSMITH, CANDIE
Address 205 LAFITTE CRESCENT
City-State-Zip: FORT WALTON BEACH FL 32547

Title SECRETARY
Name THOMAS, LEE
Address 660 RALPH MCGILL BLVD NE
City-State-Zip: ATLANTA GA 30312

Title BOARD MEMBER
Name VECHERY, JAMES
Address 5149 DRIFTWOOD TRAIL COURT
City-State-Zip: KERNERSVILLE NC 27284

Title TREASURER
Name MISSILEDINE, CAROL
Address 129 DALTON DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP
Name GLASER, STACEY LEE
Address 6750 SR 189
City-State-Zip: BAKER FL 32531

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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

02/19/2024

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

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

Title BOARD MEMBER
Name NORTON, HUNTER ESQ.
Address 240 S. PINEAPPLE AVE.
City-State-Zip: SARASOTA FL 34236