

**2021 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  
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 TREASURER  
Name THOMAS, LEE  
Address 330 BILLFISH DRIVE #212  
City-State-Zip: FORT WALTON BEACH FL 32548

Title BM  
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 BOARD MEMBER  
Name FRANCO, BRENDA  
Address 1109 CORAL DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title SECRETARY  
Name HAMMOND, SUSAN  
Address 64 HILLCREST DRIVE  
City-State-Zip: SHALIMAR FL 32579

Title VP  
Name VECHERY, JAMES  
Address 6007 AUGUSTINE DRIVE  
City-State-Zip: PACE FL 32571

**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**

**CHIEF EXECUTIVE  
OFFICER**

**03/12/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name HAM, SETH  
Address 610 JONES RD  
City-State-Zip: CRESTVIEW FL 32536