

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
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 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 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

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

Title BOARD MEMBER
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

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 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