

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007829

Entity Name: RETHREADED, INC.

**Current Principal Place of Business:**

820 BARNETT STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

820 BARNETT STREET  
JACKSONVILLE, FL 32209 US

FEI Number: 45-3036999

Certificate of Status Desired: No

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

CHAMBERLAIN & ASSOCIATES, PA  
4350 PABLO PROFESSIONAL COURT  
JACKSONVILLE, FL 32224 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            PRESIDENT  
Name            KEEN, KRISTIN  
Address        3892 VALENCIA ROAD  
City-State-Zip: JACKSONVILLE FL 32205

Title            DIRECTOR, TREASURER  
Name            CHAMBERLAIN, JOEL  
Address        4350 PABLO PROFESSIONAL COURT  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR, SECRETARY  
Name            TEFERRA, MELISSA  
Address        8153 SUMMERSIDE CIRCLE  
City-State-Zip: JACKSONVILLE FL 32256

Title            DIRECTOR, PRESIDENT  
Name            ITALIA, SHANNON  
Address        2831 WOOD VALLEY COURT  
City-State-Zip: JACKSONVILLE FL 32217

Title            DIRECTOR  
Name            KKASPER, CARMAN  
Address        2065 ORANGE PICKER ROAD  
City-State-Zip: JACKSONVILLE FL 32223

Title            DIRECTOR  
Name            EVANS, PRINCESS  
Address        8847 IVYMILL PLACE S.  
City-State-Zip: JACKSONVILLE FL 32244

Title            DIRECTOR  
Name            HARPER, WHITNEY  
Address        5000 SAWGRASS VILLAGE CIRCLE,  
                  SUITE 7  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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: KRISTIN KEEN

FOUNDER AND  
PRESIDENT

02/23/2016

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

\_\_\_\_\_  
Date