

**2021 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:** Yes

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** TOM GLOVER

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           KEEN, KRISTIN  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           PIERCE, EMILY  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           KANE, MICHAEL  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           COCKRELL, JOSH  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           BOWDEN, KAREN IBACH  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           CARR, LAWSON  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           SMITH, LAURA  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title           DIRECTOR  
Name           MILLER, CARL  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

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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:** KRISTIN KEEN

CEO

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SOWDERS, TERI  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name HANSON, JONATHAN  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name SANDERS, KYLE  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name MENCY, RHEA  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name WILLIAMS, TRAVIS  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name WILLIAMS, KRISTIN  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209