

**2015 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 DIRECTOR  
Name KEEN, KRISTIN  
Address 2004 ERNEST STREET  
City-State-Zip: JACKSONVILLE FL 32204

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

Title DIRECTOR  
Name LAETTNER, LISA  
Address 1041 PONTE VEDRA BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR, PRESIDENT  
Name VERLANDER, ALAN  
Address 4233 MORENA LANE  
City-State-Zip: JACKSONVILLE FL 32207

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

Title DIRECTOR  
Name SHARP, SALLY  
Address 3603 RICHMOND STREET  
City-State-Zip: JACKSONVILLE FL 32205

**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: KRISTIN KEEN**

**FOUNDER & PRESIDENT**

**04/20/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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