

**2019 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:**

ADVOS LEGAL PLLC  
5000 SAWGRASS VILLAGE CIRCLE  
SUITE 7  
PONTE VEDRA BEACH, FL 32082 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:** WHITNEY HARPER

04/19/2019

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            ITALIA, SHANNON  
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, SECRETARY  
Name            KAMMERDIENER, CHANTELE  
Address        820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209

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

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

**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

PRESIDENT

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HALLETT, GARY  
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 MORGAN, STEPHEN  
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, TREASURER  
Name SIDOTI, KRISTINA  
Address 820 BARNETT STREET  
City-State-Zip: JACKSONVILLE FL 32209