

**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