

2017 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
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, SECRETARY
Name	KASPER, 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

Title	DIRECTOR
Name	BARBARA, KARASEK
Address	14685 MARSH VIEW DRIVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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****01/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date