

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007829

Entity Name: RETHREADED, INC.**Current Principal Place of Business:**515 E 9TH STREET
JACKSONVILLE, FL 32206**Current Mailing Address:**515 E 9TH STREET
JACKSONVILLE, FL 32206 US**FEI Number:** 45-3036999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABL LAW, P.A.
100 N. LAURA STREET - STE. 501
JACKSONVILLE, FL 32202 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:** KAREN IBACH BOWDEN

04/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name KEEN, KRISTIN
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name BOWDEN, KAREN IBACH
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name MENCY, RHEA
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name SANDERS, KYLE
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name KANE, MICHAEL
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name CARR, LAWSON
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name WILLIAMS, TRAVIS
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name WILLIAMS, KRISTIN
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

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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

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOUCHIS, JENNIFER
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name WENDZEL, KAREN
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name PERSON, KARINA
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title PRESIDENT, COO
Name JONES, JASON
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name SWANSON, DAVID
Address 515 E 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206