

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, SECRETARY
Name TEFERRA, MELISSA
Address 8153 SUMMERSIDE CIRCLE
City-State-Zip: JACKSONVILLE FL 32256

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

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

Title DIRECTOR, TREASURER
Name CHAMBERLAIN, JOEL
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

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

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

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

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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**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