

2014 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
Name	RICHENBACHER, LYNNE
Address	1227 BAY BREEZE DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

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

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

Title	DIRECTOR
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
Name	VENN, MAGGIE
Address	1635 SEMINOLE ROAD
City-State-Zip:	ATLANTIC BEACH FL 32233

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

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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**EXECUTIVE DIRECTOR****04/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PATTISON, CHRISTINA
Address	1855 INGLESIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32205