

2019 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:**ADVOS LEGAL PLLC
5000 SAWGRASS VILLAGE CIRCLE
SUITE 7
PONTE VEDRA BEACH, FL 32082 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:** WHITNEY HARPER

04/19/2019

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 ITALIA, SHANNON
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, SECRETARY
Name KAMMERDIENER, CHANTELE
Address 820 BARNETT STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name BOWDEN, KAREN IBACH
Address 5000 SAWGRASS VILLAGE CIRCLE,
SUITE 7
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name CURRY, MOLLY
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

PRESIDENT

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALLETT, GARY
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 MORGAN, STEPHEN
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, TREASURER
Name SIDOTI, KRISTINA
Address 820 BARNETT STREET
City-State-Zip: JACKSONVILLE FL 32209