

**2024 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:**

SMITH GAMBRELL & RUSSELL, LLP  
50 N. LAURA STREET - STE. 2600  
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

04/30/2024

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 CARR, LAWSON  
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 WILLIAMS, TRAVIS  
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 WENDZEL, KAREN  
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

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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:** KAREN IBACH BOWDEN

DIRECTOR

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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