

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

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

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

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

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

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

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