

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N08142

1. Entity Name
FUTURES, INC.



Principal Place of Business
**200 N CLARA AVE
P O BOX 2118
DELAND, FL 32721-2118**

Mailing Address
**200 N CLARA AVE
P O BOX 2118
DELAND, FL 32721-2118**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2560862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, JOHN
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTERA, BETH
STREET ADDRESS	200 N CLARA AVE
CITY-ST-ZIP	DELAND, FL 32721
TITLE	S
NAME	MARINACCIO, LEN
STREET ADDRESS	27 S ORCHARD ST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	UPCHURCH, ROSARIO
STREET ADDRESS	721 RIDGEWOOD AVE STE 7
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	P
NAME	FERGUSON, JOHN
STREET ADDRESS	150 MAGNOLIA AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	P
NAME	FLETCHER, KATHY
STREET ADDRESS	1362 ANA MARIA CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	VP
NAME	MANNING, MIKE
STREET ADDRESS	1833 AFSHIN CT
CITY-ST-ZIP	PORT ORANGE, FL 32128

U000000734519
01/28/08-80011-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth Butera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08 (386) 255-6475
Date Daytime Phone #

Beth Butera