2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State
07-11-2006 90025 010 ****61.25

DOCUMENT # N22863

1. Entity Name
NEW YORK METS BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
320 S.W. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983-1967	320 S.W. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983-1967

07072006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2792088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONE, ROBERT E. 115 S 2ND ST FORT PIERCE, FL 34950	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERTITTA, JAMES A 1437 SW ANDERSON AVE PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JIM A. FERTITTA 1437 S.W. ARAGON AVE. PORT ST. LUCIE, FL. 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAVERT, FENN 2601 AVENUE I FT PIERCE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE RIZZO, PAT 702 SE HIDDEN RIVER DR. PORT ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. PAT DE RIZZO 4530 S.W. BOAT RAMP AVE. PALM CITY, FL. 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNLEAVY, FRANCIS J. 320 SW PRIMA VISTA BLVD. PORT ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGORIAN, GERALDINE 2302 SE GRAND DRIVE PORT ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. GERALDINE GREGORIAN 2142 BELLA VISTA WAY PORT ST. LUCIE, FL. 34952-2629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENO, RICHARD P 913 S W LIGHTHOUSE DR PALM CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. RICHARD P. ENO 8841 VIA GRANDE E WELLINGTON, FL. 33411-	☒ Change ☐ Addition

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: Francis J. Dunleavy Treasurer July 7, 2006 1-772-878-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #