


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90013 035 ****61.25

DOCUMENT # N22863					
1. Entity Name NEW YORK METS BOOSTER CLUB, INC.					
Principal Place of Business 320 S.W. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983-1967			Mailing Address 320 S.W. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983-1967		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2792088	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<u>B</u> / <u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERTITTA, JIM A		NAME		
STREET ADDRESS	1437 SW ARAGON AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	GAYLE E. FISHBEIN V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERT, FENN		NAME		
STREET ADDRESS	2601 AVENUE I		STREET ADDRESS	3597 S.W. SAN MIGUEL STREET	
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PATRICIA D. URSO S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE RIZZO, PAT		NAME		
STREET ADDRESS	4530 SW BOAT RAMP AVE		STREET ADDRESS	1534 S.E. ROYAL GREEN CIRCLE APT. E 204	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLEAVY, FRANCIS J.		NAME		
STREET ADDRESS	320 SW PRIMA VISTA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JOAN R. DUNLEAVY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORIAN, GERALDINE		NAME		
STREET ADDRESS	2142 BELLA VISTA WAY		STREET ADDRESS	MEMBERSHIP CHAIR PERSON /D	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	320 S.W. PRIMA VISTA BLVD.	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PORT ST. LUCIE, FL. 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENO, RICHARD P		NAME		
STREET ADDRESS	8841 VIA GRANDE E		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33411		CITY-ST-ZIP		
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: <u>Francis J. Dunleavy</u> Treasurer Jan. 29, 2007 - 772-878-2505					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					