


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90013 010 ****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 # 1437 SW ARAGON AVE | | 3. Mailing Address PO BOX 882061 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PORT ST. LUCIE, FL 34953 | | City & State PORT ST. LUCIE, FL | |
| Zip 34953 | | Zip 34988-2061 | |
| Country | | Country | |
| 4. FEI Number 59-2792088 | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 FERTITTA, JIM A | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 1437 SW ARAGON AVE | |
| | | City PORT ST. LUCIE | |
| | | FL Zip Code 34953 | |
| 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 <i>Jim A. Fertitta</i> Jim A. FERTITTA PRESIDENT 2/23/08 | | | |
| 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. <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 | PD FERTITTA, JIM A <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | 1437 SW ARAGON AVE | STREET ADDRESS | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 | CITY-ST-ZIP | |
| TITLE | VD FISHBEIN, GAYLE E <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | 3597 SW SAN MIGUEL STREET | STREET ADDRESS | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 | CITY-ST-ZIP | |
| TITLE | SD URSO, PATRICIA D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | 1534 SE ROYAL GREEN CR. APT. F-204 | STREET ADDRESS | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34952 | CITY-ST-ZIP | |
| TITLE | TD DUNLEAVY, FRANCIS J. <input checked="" type="checkbox"/> Delete | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | SOVIERO, WALTER |
| STREET ADDRESS | 320 SW PRIMA VISTA BLVD. | STREET ADDRESS | 11360 SW NORTHLAND DRIVE |
| CITY-ST-ZIP | PORT ST. LUCIE, FL | CITY-ST-ZIP | PORT ST. LUCIE, FL 34987 |
| TITLE | D DUNLEAVY, JOAN R <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | MATHISON, ALAN |
| STREET ADDRESS | 320 SW PRIMA VISTA BLVD. | STREET ADDRESS | 281 SW AIRVIEW AVE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34983 | CITY-ST-ZIP | PORT ST. LUCIE, FL 34984 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: <i>Walter Soviero</i> WALTER SOVIERO TREASURER 2/23/08 772-345-1101 | | Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |