

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22863

FILED
Feb 21, 2009
Secretary of State

Entity Name: NEW YORK METS BOOSTER CLUB, INC.

Current Principal Place of Business:

1437 SW ARAGON AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

PO BOX 882061
PORT SAINT LUCIE, FL 34988

New Mailing Address:

FEI Number: 59-2792088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERTITTA, JIM A
1437 SW ARAGON AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

FERTITTA, JIM A
1437 SW ARAGON AVE
PORT SAINT LUCIE, FL 34953 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: JIM A. FERTITTA

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERTITTA, JIM A
Address: 1437 SW ARAGON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD () Delete
Name: FISHBEIN, GAYLE E
Address: 3597 SW SAN MIGUEL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD () Delete
Name: URSO, PATRICIA D
Address: 1534 SE ROYAL GREEN CR. APT. F-204
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD () Delete
Name: SOVIERO, WALTER
Address: 11360 SW NORTHLAND DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: MATHISON, ALAN
Address: 281 SW AIRVIEW AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LICASTRI, DORA
Address: 527 SE GREENWAY TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PECK, MARY
Address: 294 BRAZILIAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER SOVIERO

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date