


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004473</b>	
1. Entity Name <b>THE NEW YORK YANKEES TAMPA FOUNDATION, INC.</b>	

Principal Place of Business <b>ONE STEINBRENNER DR LEGENDS FIELD TAMPA, FL 33614 US</b>	Mailing Address <b>1 STEINBRENNER DRIVE LEGENDS FIELD TAMPA, FL 33614 US</b>
--	---



04132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3205804</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STALLINGS, NORMAN JR. ONE STEINBRENNER DR LEGENDS FIELD TAMPA, FL 33614</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBRENNER, HENRY G ONE STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINDAL, STEPHEN W ONE STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBRENNER, HAROLD Z ONE STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, MONSIGNOR L 5225 N. HIMES AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNIFF, PHILIP A 3401 LANTANA DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000316543  
04/19/05-80079-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** Stephen W. Swindal **Stephen W. Swindal** 4/13/05 (413) 875-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #