


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004473 1. Entity Name THE NEW YORK YANKEES TAMPA FOUNDATION, INC.	
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Principal Place of Business ONE STEINBRENNER DR LEGENDS FIELD TAMPA, FL 33614 US	Mailing Address 1 STEINBRENNER DRIVE LEGENDS FIELD TAMPA, FL 33614 US
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04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

STALLINGS, NORMAN JR.
ONE STEINBRENNER DR
LEGENDS FIELD
TAMPA, FL 33614

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IN THIS SPACE**

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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000538257
05/09/06-80050-015 61.25

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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:  **Harold Z. Steinbrenner** 4/24/06 (813) 875-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #