


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90049 022 ****61.25

DOCUMENT # N93000004473 1. Entity Name THE NEW YORK YANKEES TAMPA FOUNDATION, INC.					
Principal Place of Business ONE STEINBRENNER DR LEGENDS FIELD TAMPA, FL 33614 US			Mailing Address 1 STEINBRENNER DRIVE LEGENDS FIELD TAMPA, FL 33614 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3205804	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STALLINGS, NORMAN JR. ONE STEINBRENNER DR LEGENDS FIELD TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBRENNER, HENRY G <input type="checkbox"/> Delete ONE STEINBRENNER DR TAMPA, FL 33614				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWINDAL, STEPHEN W <input checked="" type="checkbox"/> Delete ONE STEINBRENNER DR TAMPA, FL 33614				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBRENNER, HAROLD Z <input type="checkbox"/> Delete ONE STEINBRENNER DR TAMPA, FL 33614				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIGGINS, MONSIGNOR L <input type="checkbox"/> Delete 5225 N. HIMES AVE TAMPA, FL 33614				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNIFF, PHILIP A <input type="checkbox"/> Delete 3401 LANTANA DR TAMPA, FL 33618				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Harold Z. Steinbrener 4/26/07 813 675-7753</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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