## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMEN'T # N93000004473

1. Entity Name

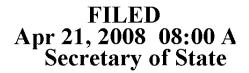
THE NEW YORK YANKEES TAMPA FOUNDATION, INC.



Principal Place of Business

ONE STEINBRENNER DR LEGENDS FIELD TAMPA, FL 33614 US Mailing Address

1 STEINBRENNER DRIVE LEGENDS FIELD TAMPA, FL 33614 US





DO NOT WRITE IN THIS SPACE

02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3205804 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

SIGNATURE.

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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.	

Filina Fee Is \$61.25

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008  Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees U00000911423 05/07/08-80038-023 61,25

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

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12. Thereby 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

2566-128-212

Daytime Phone #