


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**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>
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**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3205804</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>U000000911423 05/07/08-80038-023 61.25</b>
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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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **4/18/08** **813-875-7753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #