

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003777

**FILED**  
**Feb 08, 2018**  
**Secretary of State**  
**CC0981600467**

**Entity Name:** LEGACYTREE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

1600 WESTGATE CIRCLE  
STE 200  
BRENTWOOD, TN 37027

**Current Mailing Address:**

1600 WESTGATE CIRCLE  
STE 200  
BRENTWOOD, TN 37027

**FEI Number:** 73-1556664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WOLTER, JAMES J  
Address        1600 WESTGATE CIRCLE  
                  STE 200  
City-State-Zip: BRENTWOOD TN 37027

Title            SECRETARY, TREASURER  
Name            BEEBE, NANETTE J  
Address        1600 WESTGATE CIRCLE  
                  STE 200  
City-State-Zip: BRENTWOOD TN 37027

Title            DIRECTOR  
Name            SWARTZENDRUBER, JEFF  
Address        1600 WESTGATE CIRCLE  
                  SUITE 200  
City-State-Zip: BRENTWOOD TN 37027

Title            DIRECTOR  
Name            LINKOUS, EUGENE  
Address        1600 WESTGATE CIRCLE  
                  SUITE 200  
City-State-Zip: BRENTWOOD TN 37027

Title            DIRECTOR  
Name            WOLTER, GREG  
Address        1600 WESTGATE CIRCLE  
                  SUITE 200  
City-State-Zip: BRENTWOOD TN 37027

Title            DIRECTOR  
Name            BUNKER, DAVE  
Address        1600 WESTGATE CIRCLE  
                  SUITE 200  
City-State-Zip: BRENTWOOD TN 37027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANETTE J. BEEBE

**SECRETARY/TREASURER** 02/08/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date