

**2022 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# F14000005486

**Entity Name:** THE LAUNCHCODE FOUNDATION, INC.

**Current Principal Place of Business:**

4811 DELMAR BLVD  
ST. LOUIS, MO 63108

**Current Mailing Address:**

4811 DELMAR BLVD  
ST. LOUIS, MO 63108 US

**FEI Number:** 47-1718432

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name            MCKELVEY, JAMES  
Address        2645 S BAYSHORE #802  
City-State-Zip: MIAMI FL 33133

Title            SECRETARY  
Name            MCFADDEN, TIMOTHY  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title            DIRECTOR  
Name            GALLAGHER, MICHAEL  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title            DIRECTOR  
Name            JOHNSON, EVERETT  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title            DIRECTOR  
Name            FERRING, ALISON  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title            DIRECTOR  
Name            JACKSON, CYERIA  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title            DIRECTOR  
Name            NICKS, JULIAN  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title            DIRECTOR  
Name            WILLIAMS, BROOKE  
Address        4811 DELMAR BLVD  
City-State-Zip: ST. LOUIS MO 63108

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*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:** ETHAN LEIGH

**CFO**

**10/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               GILLIAN, DAN  
Address            4811 DELMAR BLVD  
City-State-Zip:   ST. LOUIS MO 63108

Title               DIRECTOR  
Name               SMILEY, ERNEST  
Address            4811 DELMAR BLVD  
City-State-Zip:   ST. LOUIS MO 63108

Title               DIRECTOR  
Name               BROOKS, MARK  
Address            4811 DELMAR BLVD  
City-State-Zip:   ST. LOUIS MO 63108

Title               CFO  
Name               LEIGH, ETHAN  
Address            4811 DELMAR BLVD  
City-State-Zip:   ST. LOUIS MO 63108