

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003422

Entity Name: AWANA CLUBS INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**ONE EAST BODE RD.
STREAMWOOD, IL 60107-6658**Current Mailing Address:**ONE EAST BODE RD.
STREAMWOOD, IL 60107-6658**FEI Number:** 36-2428692**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO
Name BELL, VALERIE B
Address 1 E BODE RD
City-State-Zip: STREAMWOOD IL 60107

Title TREASURER
Name HARTSELL, BRIAN
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title DIRECTOR
Name WILLIAMS, CHRISTOPHER
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title DIRECTOR
Name MEYERS, CAROLYN
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title SECRETARY
Name THORNTON, SHAWN
Address 1 E BODE RD
City-State-Zip: STREAMWOOD IL 60107

Title DIRECTOR
Name BRANTON, R D
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title PRESIDENT
Name MARKINS, MATT
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title DIRECTOR
Name KASIRIVU, PETER
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

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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: MATT MARKINS**PRESIDENT****02/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GILLIS, VICKI
Address 1 E BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

Title CONTROLLER
Name BRUNS, DEBBIE
Address 1 E BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

Title DIRECTOR
Name STAFFORD, WESS
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title CFO
Name KRALINA, LISA
Address 1 E BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

Title DIRECTOR
Name PUGH, PAMELA
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title DIRECTOR
Name THOMAS, GARY
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658