

2022 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 DIRECTOR
Name THOMAS, GARY
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 VICE PRESIDENT-FINANCE
Name TOELLER, KEN
Address 1 E BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

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

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

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

Title SECRETARY
Name MITCHELL, ELIZABETH
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658

Title DIRECTOR
Name NORTHERN, TEASA
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

01/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SWANSON, DAVID
Address ONE EAST BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

Title DIRECTOR
Name BATCHELOR, TYLER
Address ONE EAST BODE ROAD
City-State-Zip: STREAMWOOD IL 60107