

2017 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:

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
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 CEO
Name BELL, VALERIE B
Address 1 E BODE RD
City-State-Zip: STREAMWOOD IL 60107

Title SECRETARY
Name SWANSON, DAVID H
Address 1 E BODE RD
City-State-Zip: STREAMWOOD IL 60107

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

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

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

Title DIRECTOR
Name RORHEIM, ARTHUR
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: GARY J. MINTA

CFO

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title CFO
Name MINTA, GARY J
Address 1 E BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

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

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