

**2016 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 EGGAR, JACK D  
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 WILLIAMS, CHRISTOPHER  
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 SECRETARY  
Name SWANSON, DAVID H  
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 DIRECTOR  
Name BELL, VALERIE  
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:** JACK D EGGAR

**CEO**

**01/26/2016**

\_\_\_\_\_  
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 KASIRIVU, PETER  
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