

2014 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	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	S
Name	SWANSON, DAVID H
Address	1 E BODE RD
City-State-Zip:	STREAMWOOD IL 60107
Title	DIR
Name	KLIPPERT, THOMAS E
Address	1 E BODE RD
City-State-Zip:	STREAMWOOD IL 60107
Title	DIRECTOR
Name	DOBBERT, JOHN
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

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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 EGGAR**PRESIDENT****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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