

2013 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 T
Name CHODY, SYLVESTER J
Address 1 E BODE RD
City-State-Zip: STREAMWOOD IL 60107

Title DIR
Name PATNODE, DANIEL O
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 S
Name SWANSON, DAVID H
Address 1 E BODE RD
City-State-Zip: STREAMWOOD IL 60107

Title DIR
Name GILLIS, VICKI S
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

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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**PRESIDENT****01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 DIRECTOR
Name RORHEIM, ARTHUR
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 WALLI, HENRY
Address ONE EAST BODE RD.
City-State-Zip: STREAMWOOD IL 60107-6658