

2018 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	CEO
Name	BELL, VALERIE B
Address	1 E BODE RD
City-State-Zip:	STREAMWOOD IL 60107
Title	TREASURER
Name	HARTSELL, BRIAN
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	MEYERS, CAROLYN
Address	ONE EAST BODE RD.
City-State-Zip:	STREAMWOOD IL 60107-6658

Title	SECRETARY
Name	THORNTON, SHAWN
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	PRESIDENT
Name	MARKINS, MATT
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

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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****01/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title CFO
Name KRALINA, LISA
Address 1 E BODE ROAD
City-State-Zip: STREAMWOOD IL 60107

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

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