

**2022 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 DIRECTOR  
Name THOMAS, GARY  
Address ONE EAST BODE RD.  
City-State-Zip: STREAMWOOD IL 60107-6658

Title VICE PRESIDENT-FINANCE  
Name TOELLER, KEN  
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 SECRETARY  
Name MITCHELL, ELIZABETH  
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 TREASURER  
Name PUGH, PAMELA  
Address ONE EAST BODE RD.  
City-State-Zip: STREAMWOOD IL 60107-6658

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

Title DIRECTOR  
Name NORTHERN, TEASA  
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****01/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                SWANSON, DAVID  
Address             ONE EAST BODE ROAD  
City-State-Zip:    STREAMWOOD IL 60107

Title                 DIRECTOR  
Name                BATCHELOR, TYLER  
Address             ONE EAST BODE ROAD  
City-State-Zip:    STREAMWOOD IL 60107