

**2021 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	DIRECTOR
Name	THOMAS, GARY
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	SECRETARY
Name	THORNTON, SHAWN
Address	1 E BODE RD
City-State-Zip:	STREAMWOOD IL 60107
Title	DIRECTOR
Name	WILLIAMS, CHRISTOPHER
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

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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****02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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