

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003422

Entity Name: AWANA CLUBS INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**220 N. 4TH STREET
ST CHARLES, IL 60174**Current Mailing Address:**PO BOX 809
ST CHARLES, IL 60174 US**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, BOARD CHAIRMAN
Name WILLIAMS, CHRISTOPHER
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title PRESIDENT
Name MARKINS, MATT
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title VICE PRESIDENT-FINANCE
Name TOELLER, KEN
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title TREASURER
Name PUGH, PAMELA
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name STAFFORD, WESS
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name MULVIHILL, JOSH
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title SECRETARY
Name MITCHELL, ELIZABETH
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name NORTHERN, TEASA
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

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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****01/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SWANSON, DAVID
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name MARTIN, GINGER
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name THORNTON, SHAWN
Address 220 N. 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title COO
Name WHITE, KEVIN
Address 220 N. 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name BATCHELOR, TYLER
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name THOMAS, GARY
Address 220 N 4TH STREET
City-State-Zip: ST CHARLES IL 60174

Title DIRECTOR
Name HARTSELL, BRIAN
Address 220 N. 4TH STREET
City-State-Zip: ST CHARLES IL 60174