

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90045 044 ****61.25

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1. Entity Name
OBLATE SHRINES AND RENEWAL CENTERS, INC.



Principal Place of Business
**391 MICHIGAN AVENUE, N.E.
WASHINGTON, DC 20017**

Mailing Address
**391 MICHIGAN AVE, N.E.
WASHINGTON, DC 20017 US**

40009851



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
52-2133730

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME LOUGEN, LOUIS
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME MORALL, J. WILLIAM
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE Change Addition
NAME Morell, J. William
STREET ADDRESS
CITY-ST-ZIP

TITLE STD Delete
NAME HITPAS, JOSEPH
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST Delete
NAME O'DONNELL, WILLIAM
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME JOHNSON, WILLIAM
STREET ADDRESS 700 NORTH 66TH ST
CITY-ST-ZIP BELLEVILLE, IL 62223

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME OVALLE, THOMAS
STREET ADDRESS 327 OBLATE DR
CITY-ST-ZIP SAN ANTONIO, TX 78216

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2008 202-529-4505

Date

Daytime Phone #