

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000950

FILED
Jun 24, 2009
Secretary of State

Entity Name: OBLATE SHRINES AND RENEWAL CENTERS, INC.

Current Principal Place of Business:

391 MICHIGAN AVENUE, N.E.
WASHINGTON, DC 20017

New Principal Place of Business:

Current Mailing Address:

391 MICHIGAN AVE, N.E.
WASHINGTON, DC 20017 US

New Mailing Address:

FEI Number: 52-2133730 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUGEN, LOUIS
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

Title: VD () Delete
Name: MORELL, WILLIAM J
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

Title: STD () Delete
Name: HITPAS, JOSEPH
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

Title: ST () Delete
Name: O'DONNELL, WILLIAM
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

Title: D () Delete
Name: JOHNSON, WILLIAM
Address: 700 NORTH 66TH ST
City-St-Zip: BELLEVILLE, IL 62223

Title: D () Delete
Name: OVALLE, THOMAS
Address: 327 OBLATE DR
City-St-Zip: SAN ANTONIO, TX 78216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH HITPAS, OMI

STD

06/24/2009

Electronic Signature of Signing Officer or Director

Date