

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90073 032 \*\*\*\*61.25

622319



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 746354**

1. Entity Name

**SET FREE PRISON MINISTRY, INC.**

Principal Place of Business

Mailing Address

1986 N. ORANGE GROVE AVE.  
POMONA CA 91767-3008  
US

7550 SW 57 AVENUE  
SUITE 110  
SO. MIAMI FL 33143-5331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1955437

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

KNOWLES, CHARLES, JR  
7550 RED ROAD, STE.110  
SOUTH MIAMI FL 33143

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOMEZ, LUCILLE	
STREET ADDRESS	1986 N. ORANGE GROVE AVENUE	
CITY-ST-ZIP	POMONA CA 91767	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SOLARIO, RUBEN J.	
STREET ADDRESS	1986 N ORANGE GROVE AVENUE	
CITY-ST-ZIP	POMONA CA 91767	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SOLORIO, ESTHER	
STREET ADDRESS	1986 N ORANGE ROVE AVENUE	
CITY-ST-ZIP	POMONA CA 91767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Esther Solorio* **ESTHER SOLORIO** 3/2/00 909/629-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)