

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-23-2002 90425 029 ****70.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **746354**
 1. Entity Name
Set Free Prison Ministry, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 West William St.
 Suite, Apt. #, etc.

3. Mailing Address
600 West William St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pomona, CA
 Zip **91768** Country

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Pomona, CA
 Zip **91768** Country

4. FEI Number
591955437
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Knowles, Charles Jr.**

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

7550 Red Road, Ste. 110

City **S. miami** FL Zip Code **33143**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$6125
 Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
President
Lucille Gomez
1986 N. Orange Grove Avenue
Pomona, CA 91767

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
Vice President
Ruben J. Solario
1986 N. Orange Grove Avenue
Pomona, CA 91767

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
Secretary
Ether Solario
1986 N. Orange Grove Avenue
Pomona, CA 91767

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ether Solario, Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 **909**
629-0018
 Date Daytime Phone #

CR2E034B (12/01)