

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 746354

1. Entity Name
SET FREE PRISON MINISTRY, INC.



Principal Place of Business
**600 WEST WILLIAM ST
POMONA, CA 91768 US**

Mailing Address
**600 WEST WILLIAM ST
POMONA, CA 91768 US**



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1955437

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 this is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, LUCILLE 800 W WILLIAM ST. POMONA, CA 91768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLORIO, RUBEN J 800 W. WILLIAM ST. POMONA, CA 91768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLORIO, ESTHER 600 W. WILLIAM ST. POMONA, CA 91768
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03/08/06-80071-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Esther Solorio* **ESTHER Solorio** 2-22-06 **629-0313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #