


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 746354</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-1955437

Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000616923  
02/07/07-80052-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, LUCILLE 600 W WILLIAM ST. POMONA, CA 91768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLORIO, RUBEN J 600 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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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 1 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Esther Solorio* (ESTHER SOLORIO) 1-30-07 (909) 629-031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #