

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOMEZ, LUCILLE
STREET ADDRESS	600 W WILLIAM ST.
CITY-ST-ZIP	POMONA, CA 91768

TITLE	VPD
NAME	SOLORIO, RUBEN J
STREET ADDRESS	600 W. WILLIAM ST.
CITY-ST-ZIP	POMONA, CA 91768

TITLE	SD
NAME	SOLORIO, ESTHER
STREET ADDRESS	600 W. WILLIAM ST.
CITY-ST-ZIP	POMONA, CA 91768

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000838577  
03/05/08-80037-005 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Esther Solorio* **ESTHER SOLORIO** Feb. 22, '08 (909) 629-0313