

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003984 (0)

1. Corporation Name

S.T.O.P.P. LEGAL DEFENSE FUND, INC.

% Bishop Jordan

Principal Place of Business

1599 FARM ROAD
SEBRING FL 33810

Mailing Address

1599 FARM ROAD
SEBRING FL 33810

% Bishop Jordan V-8

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 245 QUAYSIDE CIR

27 Suite, Apt. #, etc.

28 MAITLAND, FLA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
08/21/1995

3a. Date of Last Report

4. FEI Number

59-3332503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

GENE HADDEN

82 Street Address (P.O. Box Number is Not Acceptable)

1599 FARM RD

83

84 City

SEBRING, FL

85 Zip Code

33810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gene Hadden

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

Gene Hadden

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/96

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	JORDAN, BISHOP	
STREET ADDRESS	245 QUAYSIDE CIR.	
CITY - ST - ZIP	MAITLAND FL 32751	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CROMMIE, MADELINE	
STREET ADDRESS	245 QUAYSIDE CIR.	
CITY - ST - ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HADDEN, GENE	
STREET ADDRESS	1599 FARM ROAD	
CITY - ST - ZIP	SEBRING FL 33810	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STOSSEL, ROBERT JR.	
STREET ADDRESS	7407 S. BLVD.	
CITY - ST - ZIP	WEST PALM BEACH FL 33413	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ALLEN, BUDDY	
STREET ADDRESS	3958 OAK HAMMOCK LANE	
CITY - ST - ZIP	FT. PIERCE FL 34981	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

7-17-96 407-632-7722

Daytime Phone #

158/19/86

CR2E037 (3/96)