

PENSACOLA POLICE DEPARTMENT LAW ENFORCEMENT TRUST FUND ("LETF") APPLICATION

The Pensacola Police Department (PPD) is pleased that we are able to benefit our community with the use of asset forfeiture funds by providing financial assistance to local nonprofit organizations that make a difference in our community. These funds are the result of civil forfeitures of assets (including cash) that have been seized as contraband linked to certain felony crimes and that meet the strict standards and statutory requirements by the seizing law enforcement agency. Once the civil forfeiture process is complete, the seized money is maintained in a Law Enforcement Trust Fund (LETF) and can only be used in accordance with the rules set forth in Florida Statutes, Section 932.701 - 932.707, called the "Florida Contraband Forfeiture Act (FCFA)." The provisions of the FCFA allows law enforcement agencies, such as PPD, to support projects and programs that strive to improve neighborhood safety, prevent crime, and provide drug abuse education and prevention within our Pensacola community.

Applications requesting funding may be a request to fund an entire project or may be a request to fund a particular piece of a larger project or program if that project or program meets the eligibility criteria set forth in the statutes described below.

Funding requests are subject to approval by the Chief of the Pensacola Police Department and the City Council, as well as funding availability.

Eligibility:

To be considered for funding:

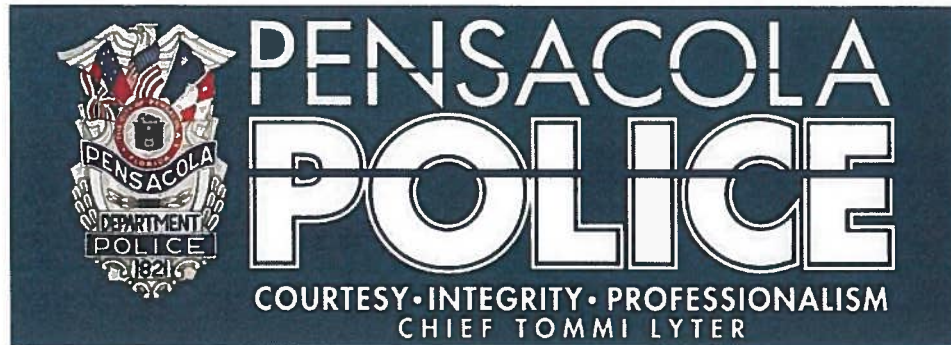
1. The project/program must meet the statutory criteria as to the use of LETF money and must fall into one of the following categories:

- Crime Prevention
- Drug Abuse and Prevention Program
- Safe Neighborhoods
- School Resource Officer
- Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a).

2. In order to be considered for submission, the following documents **MUST** be attached to the application at the time of submission.

- Part 1 of this application
- Part 2 of this application (including line item budget)
- Sunbiz Certification of Status
- IRS Form 501(c)(3)
- IRS Form W-9

3. If the application is approved and money for the project is awarded, applicants will have 90 days to complete Part 3 and return to the PPD. Part 3 provides statutorily required audit information of how the funds received were utilized along with a description of the outcomes of the project or program for which the funds were granted. This must include receipts where applicable, as well as documentation of expenses that account for exactly how the money was spent for the program or project for which it was requested. **Part 3 must be completed and returned within 90 days following the performance period of the project / program / event for which the LETF money was awarded. Failure to submit Part 3 in a timely manner may result in a demand for the funds granted to be returned and will result in a failure of the agency to be considered as a recipient for future LETF money.**



PART 1

The person completing this application must have legal authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds.

Initial DM Applicant will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by PPD.

Initial DM I understand that a final report of activities and expenditures documented by receipts or other financial proof of expenditure of the Program must be submitted by Applicant on the report form (Part 3) to the PPD no later than 90 days of the end of the performance period.

Initial DM I understand that failure to comply with the reporting requirements in Part 3 may result in Applicant having to return LETF monies and will remove the applicant agency from future consideration to receive LETF monies.

Initial DM If Applicant's agency fails to use the funds in the manner described in this application, or if the project or program does not occur or is not completed in the same manner and in the performance period as described in the application, or is determined later to not be qualified to receive LETF monies; or if there was an untruthful statement made by Applicant within Application; or fails to provide the necessary reporting documents to the PPD, then all LETF monies disbursed to the Applicant must be returned to the PPD within ten (10) business days of the PPD's written demand for the same and Applicant will be ineligible for any further LETF disbursements.

Initial DM I understand that false statements or claims made in connection with this LETF application may result in fines, imprisonment, and/or any other remedy available by law.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

Applicant Agency Name: CDAC Behavioral Healthcare, Inc.

Denise Manassa
Printed Name of Person Authorized to Complete this Application

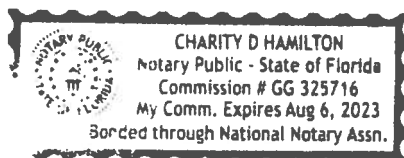
Director of Community Prevention
Title

Denise Manassa
Signature

STATE OF FLORIDA
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this 15th day of June, 2021, by (name of person making statement) who is personally known to me or has produced _____ as identification.

(Notary Seal)



NOTARY PUBLIC

Charity D Hamilton
Signature of Notary
State of Florida at Large
My Commission Expires:

PART 2

Section 1

APPLICANT INFORMATION

Name of Agency:	CDAC Behavioral Healthcare, Inc.		
Name of Program to receive funding from LETF:	National Night Out		
Amount of LETF Funds Requested:	1,385.00		
Name/ Title of Contact:	Denise Manassa, Director of Community Prevention		
Address:	3804 North 9th Avenue	Phone:	850-434-2724
City • Zip Code:	Pensacola, Fl. 32503	Fax:	850-433-9802
Total Program Budget:	\$10,777.00	E-mail:	dmanassa@cdac.info
Dates of Project/Program:	August 3, 2021		

Section 2

LETF CATEGORY

(Place an "X" to the left of one program area for which you intend to apply):

☒
☒
☒
☐
☐

1. Crime Prevention
2. Drug Abuse Education and Prevention Programs
3. Safe Neighborhood
4. School Resource Officer
5. Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a)

Section 3

PROPOSED PROGRAM INFORMATION

a. What is the mission statement of your agency?

The mission and goals of CDAC Behavioral Healthcare:

To support positive lifestyles and choices for families and communities through prevention and intervention.

1. To assist with the identification of the behavioral health and physical health issues that interfere with positive lifestyles and choices for families and communities.
2. To assist with the coordination of services and collaboration of individuals and organizations seeking to solve the behavioral health and physical health issues that interfere with positive lifestyles and choices for families and communities.
3. To develop and implement programs that promote behavioral healthcare to support positive lifestyles and choices for families and communities.

b. How does your proposed project or program address the statutorily applicable LETF Category as marked in Part 2, section 2 of this application?

National Night Out vision is to enhance the relationship between neighbors and law enforcement while bringing back a true sense of community. It is an opportunity to bring law enforcement, resources, and community members together under positive circumstances.

National Night Out began in the suburbs of Philadelphia, Pennsylvania and now thousands of communities across the nation participate the first Tuesday in August to increase awareness of neighborhood safety, and drug and violence prevention. This annual community building family event promotes police-community engagement strengthening relationships and camaraderie increasing anti-crime and drug prevention efforts. Law enforcement will be at the event distributing food, school supplies, crime, drug, and neighborhood safety brochures, and valuable community resource information.

The LETF funding will enable families and children to receive appropriate drug prevention and neighborhood safety material. The educational material and school supplies promotes making good choices to stay in school, how to be safe in neighborhoods, grow safe mindsets, and the prevention of drug misuse and use.

Community members and children will have the opportunity see and interact with law enforcement personnel in a helping environment that is promoting safety and trust. Acts of kindness strengthens relationships and gives a sense of hope increasing the desire to live a healthy lifestyle.

- c. Why is this funding needed (what community program does it address)? What data or information suggests this program will be beneficial to the residents of Pensacola?

National Night Out has the ability to enhance the relationship between neighbors, families, children, community agencies, and law enforcement while providing much needed resources before the beginning of the school year.

According to 2020 report by the Florida Chamber Foundation 22.3% of our children under the age of 18 in Escambia County live below the federal poverty guidelines. The Studer Community Institute also reported that 17.4% of Pensacola residents in 2019 had an income below the poverty level, which was 27.3% greater than the poverty level across the entire state of Florida. The data indicates the need to support the children and families in our area.

National Night Out LETF monies will provide the families with drug, growing safe mindset and safe neighborhood educational information material along with much needed school supplies that will be in every bag distributed during the event.

- d. What is the specific time frame of dates that this program or project will be performed?

National Night Out is an annual community event on the first Tuesday of August. The 2021 National Night Out will be on **August 3rd starting at 5:30 p.m.** This year National Night Out will be at Maritime Park, downtown Pensacola. CDAC Behavioral Healthcare provides the technical assistance, planning, and leads the fundraising efforts. CDAC staff coordinates monthly meetings, guiding partners in our shared ideas and planning efforts.

- e. Describe in detail the program or project for which you are seeking LETF funds and specifically how the funds requested will be used. A specific breakdown of the funds must be included on the attached line item budget

National Night Out mission during the 38th year remains the same. It is an opportunity to heighten crime and drug prevention. It is a community wide event that is conducted annually and across our nation. It brings about awareness, support, and participation in local anti-crime and drug efforts. It is an example of bringing people together to strengthen the community spirit of togetherness and enhance relationships with our first responders. This year due to public safety after a year of Covid restrictions, the National Night Out committee, headed by CDAC Behavioral Healthcare, decided to conduct a drive-through event with the option to have a walk-up resource table for community members that do not have vehicles. Starting at 5:30 p.m. at the Maritime Park on August 3, 2021, residents of Escambia County will be able to receive a bag of school supplies, a bag of Feeding the Gulf Coast food items, and information packets with community resources. Law enforcement personnel will be participating in the distribution of these items. Residents will also have the opportunity to receive the Covid-19 vaccine provided by the Florida Department of Health of Escambia County.

The funds from the LEFT will be used, in partnership with other monies received, to purchase school supplies and food from Feeding the Gulf Coast.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: Denise Manassa

Print: Denise Manassa

Title: Director of Community Prevention

STATE OF FLORIDA
COUNTY OF ESCAMBIA

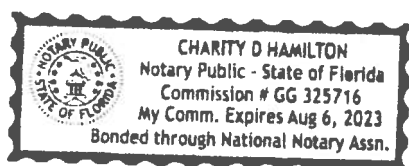
SWORN TO AND SUBSCRIBED before me this 15th day of June, 2021, by (name of person making statement) who is personally known to me or has produced _____ as identification.

NOTARY PUBLIC

Charity D Hamilton

Signature of Notary
State of Florida at Large
My Commission Expires:

(Notary Seal)



Total Program Line Item Budget

LETF LINE ITEM BUDGET	CALCULATION	TOTAL AMOUNT
Program Expenses		
Personnel Costs/Salaries	CDAC staff in-kind \$32.47 x 6 service hours x 40 staff in-kind	\$7,793.00 CDAC staff in-kind
Consultants and Professional Fees	\$ 0	0
Travel	\$ 0	0
Equipment	\$ 0	0
Supplies provide by LETF funding request. See attached	\$ 553.96 school supplies	\$553.96 school supplies
Printing and Copying	\$ 100.00 CDAC in-kind	\$100.00 CDAC in-kind
Other (specify) 10,000 pounds of food	\$ 1,500 food cost	\$1,500 food cost
food provided by Feeding the Gulf Coast		
NIDA prevention drug material free		
Prevention material attached items provided by LETF funding request	\$831.20 prevention information material	\$831.20 prevention information material
Total Program Expenses	\$10,778.16 including in-kind cost	\$10,778.16
	LETF Request	\$ 1,385.16
	Total:	\$ 9,393.00

National Night Out 2021 LETF funding material and school supply list

Product Name	Cost per item	Units ordering	Total cost
Growth Mindset Bookmarks	\$4.79 for package of 25	1,000	\$191.60
Together We Create a Safer Community Wrist band	\$15.99 for package of 25	1,000	\$639.60
Elmer's Glue sticks package of 60	\$17.88	17 = 1,020	\$303.96
Cra-Z-Art School Crayons, 24 count	\$0.25	1,000	\$250.00
			Total: \$1,385.16
CDAC will be providing Drug Prevention material from the National Institute of Drug Abuse (NIDA) that is provided for free. See attached			



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012617789C-0	03/31/2019	03/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE COMMUNITY DRUG AND ALCOHOL
COUNCIL INC
3804 N 9TH AVE
PENSACOLA FL 32503-8813

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CDAC BEHAVIORAL HEALTHCARE, INC.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► NON-PROFIT CORPORATION - 501C	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 3804 N 9TH AVENUE	Requester's name and address (optional)
6 City, state, and ZIP code PENSACOLA, FL 32503	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
5	9	-	1	3	8	0	9	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person ► *Patti Beebe*

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: November 13, 2001

The Community Drug and Alcohol Council, Inc.
803 N. Palafox St.
Pensacola, FL 32501-3113038

Person to Contact:
Cassandra E. Jackson 31-07417
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-1380927

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on February 26, 1998. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in February of 1973 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The Community Drug and Alcohol Council, Inc.
59-1380927

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

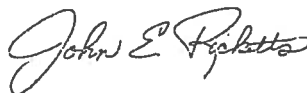
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

A handwritten signature in cursive script, reading "John E. Ricketts".

John E. Ricketts, Director, TE/GE
Customer Account Services



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
CDAC BEHAVIORAL HEALTHCARE, INC.

Filing Information

Document Number 721412
FEI/EIN Number 59-1380927
Date Filed 07/26/1971
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 08/05/2019
Event Effective Date NONE

Principal Address

3804 N 9TH AVE
PENSACOLA, FL 32503

Changed: 10/29/2004

Mailing Address

3804 N 9TH AVE
PENSACOLA, FL 32503

Changed: 10/29/2004

Registered Agent Name & Address

SCRIVNER, LEASHIA
3804 N 9TH AVE
PENSACOLA, FL 32503

Name Changed: 02/23/2010

Address Changed: 02/23/2010

Officer/Director Detail

Name & Address

Title ED

SCRIVNER, LEASHIA
3804 NORTH NINTH AVE
PENSACOLA, FL 32503

Title T

Chesterfield, Burton
3804 N 9TH AVE
PENSACOLA, FL 32503

Title 1ST V

HAMILTON, ANDREA
3804 N. 9TH AVENUE
PENSACOLA, FL 32503

Title 2ND V

THOMPSON, DEEDEE
3804 N 9TH AVE
PENSACOLA, FL 32503

Title P

NEWCOMER, MATTHEW
3804 N. 9TH AVENUE
PENSACOLA, FL 32503

Title S

RICHARDS, KELLY M
3804 N. 9TH AVENUE
PENSACOLA, FL 32503

Annual Reports

Report Year	Filed Date
2019	01/08/2019
2020	01/08/2020
2021	01/11/2021

Document Images

01/11/2021 -- ANNUAL REPORT	View image in PDF format
01/08/2020 -- ANNUAL REPORT	View image in PDF format
08/05/2019 -- Amendment	View image in PDF format
01/08/2019 -- ANNUAL REPORT	View image in PDF format
12/03/2018 -- Amendment	View image in PDF format
01/12/2018 -- ANNUAL REPORT	View image in PDF format
06/05/2017 -- Name Change	View image in PDF format
01/06/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
02/23/2015 -- ANNUAL REPORT	View image in PDF format
02/17/2014 -- ANNUAL REPORT	View image in PDF format
01/07/2013 -- ANNUAL REPORT	View image in PDF format

<u>04/05/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/15/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/23/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/22/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/11/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/22/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/23/2006 -- ANNUAL REPORT</u>	View image in PDF format
<u>10/06/2005 -- REINSTATEMENT</u>	View image in PDF format
<u>10/06/2004 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/11/2003 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/23/2002 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/04/2001 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/14/2000 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/27/1999 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/16/1998 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/03/1998 -- Amendment and Name Change</u>	View image in PDF format
<u>03/04/1997 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/26/1996 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/07/1995 -- ANNUAL REPORT</u>	View image in PDF format