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DIVISION OF CORPORATIONS  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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3/10

T06-299

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: P.O.W.E.R., Inc "BRIDGES" African American Scholars Program  
(Mark to be registered) LOGO

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA G. MOSES  
(Name of Person)

P.O.W.E.R., Inc.  
(Firm/Company)

8650 Lovic Rd  
(Address)

Tallahassee, FL 32305  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA MOSES at (850) 322-4480  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
 PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations**  
 Post Office Box 6327  
 Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

PATRICIA MASKE  
8650 LOVIC RD  
Tallahassee, FL 32305  
850 322-4486  
 Daytime Telephone number

**PART I**

1. (a) Applicant's name: P.O.W.E.R., ~~INC~~ - People Organized, Willing,  
Empowered & Rebounding, Inc.  
 (b) Applicant's business address: 8650 LOVIC RD  
Tallahassee, FL 32305  
 City/State/Zip

If different, Applicant's mailing address: \_\_\_\_\_

(c) Applicant's telephone number: 850 224-2660  
 Individual       Corporation       Joint Venture       Other:  
 General Partnership       Limited Partnership       Union

If other than an individual,  
 (1) Florida registration/document number: N02 0000 6392 (2) Domicile State: FL  
 (3) Federal Employer Identification Number: 75-3078455

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
 (i.e., furniture moving services, diaper services, house painting services, etc.)  
youth development services<sup>SM</sup>  
Community Volunteer Services

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
 (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)  
labels, decals, newspaper advertisement,  
brochures and general documentation  
for the program

d) The class(es) in which goods or services fall:

Community Service Organization 42

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 03/09/06 (b) Date first used in Florida: 03/09/06

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Corporate logo (already trademarked) plus figure heads of children centered with one graduate head.  
Used as of programs in addressal: Culture, Peace, Social Mobility, Academic Excellence, Parents Development, Job Skills, Leadership Development  
English Translation Same

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " See attached " APART FROM THE MARK AS SHOWN.

I, Patricia A. Moses, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Patricia A. Moses  
Typed or printed name of applicant

Patricia A. Moses  
Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Leon

On this 10 day of March, 2006, Patricia A. Moses personally appeared before me,

who is personally known to me  whose identity I proved on the basis of Fl. Drivers License

(Seal)  **Judy Sadler**  
Commission # DD475990  
Expires January 26, 2010  
Bonded Troy Parr - Insurance, Inc. 900-366-7019

Judy Sadler  
Notary Public Signature  
Judy Sadler  
Notary's Printed Name

My Commission Expires: 1-26-10

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Disclaimed terms:

“African American”  
“Scholars Program”  
“Civic Pride”  
“Leadership Development”  
“Career Planning”  
“Family Bonding”  
“Job Skills”  
“Cultural Pride”  
“Social Maturity”  
“Parental Involvement”  
“Personal Development”  
“Inc.”  
“Family”  
“Stress”  
“Resources”  
“Employment”  
“Finances”  
“Education”  
“Life”

**P.O.W.E.R.,  
INC.**

**"BRIDGES"  
AFRICAN AMERICAN  
SCHOLARS PROGRAM**

Cultural Pride

Social Maturity

Academic Excellence

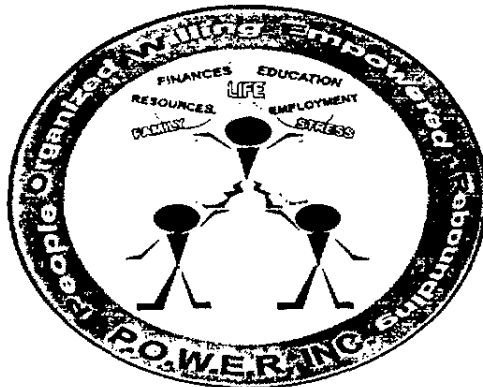
Parental Involvement

Leadership  
Development

Civic Pride

Career Planning

Family Bonding



Job Skills



**PERSONAL  
DEVELOPMENT**

TM

"BRIDGES"

VOLUNTEERS NEEDED

VOLUNTEERS NEEDED

MOTTO:

"CHARITY BEGINS AT HOME AND THEN SPREADS ABROAD"

MISSION:

To develop and provide teenage students with the necessary skills and resources needed to achieve in academics.

GOALS AND OBJECTIVES:

The goal of this program is to facilitate the enhancement of the lives of the youth : areas of academic readiness, personal growth, social maturity, cultural enrichment, school pride, and family unity.

CONTACT: Patricia Moses @ (850) 224-2660