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| Requestor's Name | 98 SEP 16 AM 9:58 |
| Address | SECRETARY OF STATE 70040488F5-L0004 -04/29/9801076003 |
| City/State/Zip Phone # | *****87.50 *****87.5 Office Use Only |
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 7, 1998

GAIL S. GUYTON EARLY CHILDHOOD MINISTRIES 10021 W. SAMPLE ROAD CORAL SPRINGS, FL 33065

SUBJECT: DESIGN OF CIRCLE WITH CHILD LIKE FIGURE IN CENTER, THERE IS A HEART AND CROSS IN CENTER OF THE FIGURE

Ref. Number: W98000010290

We have received your document for DESIGN OF CIRCLE WITH CHILD LIKE FIGURE IN CENTER, THERE IS A HEART AND CROSS IN CENTER OF THE FIGURE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The applicant must be a legal entity, such as an individual, firm, partnership, corporation, association, or union. You may list the applicant's fictitious name in addition to the applicant's legal name. If the applicant is a partnership, please indicate general or limited partnership in Part I(1).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 098A00025251

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

| TO: Division of Corp Post Office Box | |
|--|--|
| Tallahassee, FL | 32314 |
| gar de total. Total on the state of the sta | Name & address to whom acknowledgment should be sent: |
| | Early Childhood Ministries |
| | Coral Springs, FL 33065 |
| | (954) 752-0345 |
| | Daytime Telephone number |
| | PART I |
| 1. (a) Applicant's name | Early Childhood Ministries |
| (b) Applicant's busin | ess address: 10021 W. Sample Road |
| | Coval Springs FL 33065 City/State/Zip |
| (c) Applicant's teleph | one number: (954) 752 -0345 City/State/Zip |
| ☐ Individual | Corporation Doint Venture Other: 126 Killians |
| General Partnersh | ip Limited Partnership Union |
| If other than an individua | 0.000000 |
| (1) Florida registration r | |
| (3) Federal Employer Id | entification Number: <u>59-138-1047</u> |
| 2. (a) If the mark to be a (i.e., furniture mo | registered is a service mark, the services in connection with which the mark is used: ving services, diaper services, house painting services, etc.) |
| Preschool Fo | lucation/school |
| | JONIOUS |
| | |
| | Control of the Contro |
| (i.e., ladies sports) | registered is a trademark, the goods in connection with which the mark is used: wear, cat food, barbecue grills, shoe laces, etc.) |
| | |
| | |
| | |
| (c) The mode or man | ner in which the mark is used (i.e., labels, decals, newspaper advertisements, brochures, etc.) |
| <u>Newsletters</u> | / brochuses / ads/ shists for teachers & children/ |
| - publication | ns/Stationary-etc |
| 1 |) |
| CR2E014(7/97) | (Continued) |

| d) The class(es) in which goods or services fall: |
|--|
| class 41 eduction/entertainment |
| |
| 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: January 1, 981 (b) Date first used in Florida: January 1, 1981 |
| \mathcal{J} |
| 1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.) |
| Must be 25 words or less.) - ('Urcle in shape with Childlike figure in center. There is |
| a heart + cross in conter of figure. |
| \sim |
| Early Childhood Ministries & design of |
| 2. DISCLAIMER (if applicable) |
| NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " SACY Childhood, |
| Ministries "APART FROM THE MARK AS SHOWN. |
| I, 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 |
| GAIL S. GUYTON |
| Typed or printed name of applicant |
| buil D. Sucho / Director Dail & brusho |
| Applicant's signature or authorized person's signature (List name and title) |
| STATE OF Harida Harida |
| COUNTY OF Droward GAIL S. GUY TOMES |
| On this 22 day of april 1998, GAIL 5. GUYTON Em Gersonally |
| appeared before me, |
| who is personally known to me whose identity I proved on the basis of |
| - The second sec |
| NANCY C VOGEL My Commission CC528484 November 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| (Seal) Notary Public Signature |
| Notary's Printed Name Notary's Printed Name |
| My Commission Expires: 3-17-00 |
| |

FEE: \$87.50 per class



Early Childhood Ministries



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1998 Fall Registration Full & Part-time Available 18 months - Pre-K

"Summer Daze"
2 1/2's - finished
3rd grade
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*Academic Pre-K with center based unit themes learning through an independent and social environment

Call For Information 752-0345

Lutheran Ministry In Christ Church 10021 W. Sample Road Coral Springs



EARLY CHILDHOOD MINISTRIES

Lutheran Ministry in Christ Church Gail Skipper Guyton - Director

10021 W. Sample Road Coral Springs, FL 33065

ble Road (954) 752-0345 Office -L 33065 (954) 755-2589 Fax E-mail: ecm4kids @aol.com