

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005194

**Entity Name:** HOKORI ZEN CENTER INC.

**Current Principal Place of Business:**

3140 TROY AVE.  
LAKELAND, FL 33803

**Current Mailing Address:**

3140 TROY AVE.  
LAKELAND, FL 33803 US

**FEI Number:** 27-0262459

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HICKS, GREGORY A  
227 PARSONS WOODS DR  
SEFFNER, FL 33584 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name HICKS, GREGORY A  
Address 227 PARSONS WOODS DR.  
City-State-Zip: SEFFNER FL 33584

Title PRESIDENT  
Name HICKS, GREGORY A  
Address 227 PARSONS WOODS DR  
City-State-Zip: SEFFNER FL 33584

Title VP  
Name BARBER, JOHN  
Address 4142 S POLK AVE  
City-State-Zip: LAKELAND FL 33813

Title TREASURER  
Name WARD, WALTER J  
Address 4915 WILLOWBROOK CIRCLE  
City-State-Zip: WINTER HAVEN FL 33884

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTER WARD

**TREASURER**

**02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date