

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005194

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC6320197530**

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

**Current Principal Place of Business:**

730 S. FLORIDA AVE  
LAKELAND, FL 33801

**Current Mailing Address:**

3906 WHISTLEWOOD CIRCLE  
LAKELAND, FL 33811

**FEI Number:** 27-0262459

**Certificate of Status Desired:** No

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

HICKS, GREGORY A  
3906 WHISTLEWOOD CIRCLE  
LAKELAND, FL 33811 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 P  
Name HICKS, GREGORY A  
Address 3906 WHISTLEWOOD CIRCLE  
City-State-Zip: LAKELAND FL 33811

Title VP  
Name RAZLER, DAVE  
Address 6138 RIVERLAKE BLVD.  
City-State-Zip: BARTOW FL 33830

Title ST  
Name MUNDY, ROBBIE N  
Address 141 W. PALM DR.  
City-State-Zip: LAKELAND FL 33803

Title M  
Name FARINAS, JOSE  
Address P. O. BOX 5737  
City-State-Zip: LAKELAND FL 33807

Title M  
Name CROCETTI, LINDA  
Address 921 GOLDEN RULE COURT NORTH  
City-State-Zip: LAKELAND FL 33803

*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:** GREGORY A. HICKS

P

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date