

**2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004957

**Entity Name:** CENTER FOR INQUIRY, INC.**Current Principal Place of Business:**4011 S. MANHATTAN AVE.  
APT # 139  
TAMPA, FL 33611-1277**Current Mailing Address:**4011 S. MANHATTAN AVE.  
APT # 139  
TAMPA, FL 33611-1277 US**FEI Number:** 22-2306795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'KEEFE, FREDRICK  
4011 S. MANHATTAN AVE.  
APT #139  
TAMPA, FL 33611-1277 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        TREASURER, CFO  
Name        KARR, BARRY  
Address     3965 RENSCH RD  
City-State-Zip: AMHERST NY 14228

Title        CHAIRMAN  
Name        TABASH, EDWARD  
Address     11500 WEST OLYMPIC BLVD  
             SUITE 400  
City-State-Zip: LOS ANGELES CA 90064

Title        DIRECTOR  
Name        KOSMIN, BARRY  
Address     TRINITY COLLEGE  
             300 SUMMIT STREET  
City-State-Zip: HARTFORD NJ 06106

Title        PRESIDENT, CEO  
Name        BLUMNER, ROBYN  
Address     1231 TALBERT ST. SE  
City-State-Zip: WASHINGTON DC 20020

Title        SECRETARY  
Name        DEBRA, SKOMER  
Address     1499 MASSACHUSETTS AVE NW  
             # 708  
City-State-Zip: WASHINGTON DC 20005

Title        DIRECTOR  
Name        TRAMIEL, LEONARD  
Address     767 ADDISON AVENUE  
City-State-Zip: PALO ALTO CA 94301

Title        DIRECTOR  
Name        ENGLER, BRIAN  
Address     5918 CLERMONT LANDING COURT  
City-State-Zip: BURKE VA 22015-2565

Title        DIRECTOR  
Name        DAWKINS, RICHARD DR.  
Address     14 BRADMORE ROAD  
City-State-Zip: OXFORD OX2 6QP

**Continues on page 2**

*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:** BARRY KARR

CFO

04/17/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name COWAN, DAVID  
Address 74 LILAC DRIVE  
City-State-Zip: ATHERTON CA 94027

Title DIRECTOR  
Name BHARDWAJ, VINOD  
Address 164 STOCKBRIDGE AVE  
City-State-Zip: ATHERTON CA 94027

Title DIRECTOR  
Name ABBASZADEH, REZA  
Address 612 W FRANCIS ST.  
City-State-Zip: ASPEN CO 81611

Title DIRECTOR  
Name THOMSON, ANDY  
Address 1828 WAYSIDE PLACE  
City-State-Zip: CHARLOTTESVILLE VA 22903

Title DIRECTOR  
Name MAXWELL, WILLIAM  
Address 287 DRIFTWOOD RD SE  
City-State-Zip: ST. PETERSBURGH FL 33705