

Filed
Secretary of State
State of Washington
Date Filed: 03/01/2023
Effective Date: 03/01/2023
UBI #: 602 694 414

# **Annual Report**

## **BUSINESS INFORMATION**

**Business Name:** 

FAMILY POLICY INSTITUTE OF WASHINGTON

UBI Number: **602 694 414** 

Business Type:

WA NONPROFIT CORPORATION

**Business Status:** 

**ACTIVE** 

Principal Office Street Address:

16108 ASH WAY STE 107, LYNNWOOD, WA, 98087-8780, UNITED STATES

Principal Office Mailing Address:

PO BOX 975, LYNNWOOD, WA, 98046-0975, UNITED STATES

Expiration Date: **02/29/2024** 

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/09/2007

Period of Duration:

**PERPETUAL** 

Inactive Date:

Nature of Business:

CHARITABLE, EDUCATIONAL, RELIGIOUS

#### NONPROFIT GROSS REVENUE CERTIFICATION

Per <u>RCW 24.03A.960</u> does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? - Yes

#### NONPROFIT CORPORATION'S EIN

Nonprofit EIN: 20-8438828

### REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

**Registered Agent Consent (Check One):** 

Work Order #: 2023030100156871 - 1 Received Date: 03/01/2023 Amount Received: \$20.00

This document is a public record. For more information visit www.sos.wa.gov/corps

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I am the Registered Agent. Use my Contact Information.

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I am not the Registered Agent. I declare under penalty of perjury that the WA Nonprofit Corporation has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Nonprofit Corporation must keep the signed consent document in its records, and must produce the document on request.

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

# REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address	
FAMILY POLICY INSTITUTE OF	16108 ASH WAY STE 107, LYNNWOOD,	PO BOX 975, LYNNWOOD, WA,	
WASHINGTON	WA, 98087-8780, USA	98046-0975, USA	

#### PRINCIPAL OFFICE

Phone:

4256080242

Email:

**INFO@FPIW.ORG** 

Street Address:

16108 ASH WAY STE 107, LYNNWOOD, WA, 98087-8780, USA

Mailing Address:

PO BOX 975, LYNNWOOD, WA, 98046-0975, USA

#### **GOVERNORS**

Title	Туре	<b>Entity Name</b>	First Name	Last Name
GOVERNOR	INDIVIDUAL		LARRY	SUNDQUIST
GOVERNOR	INDIVIDUAL		JIM	MISCHEL
GOVERNOR	INDIVIDUAL		VIRGINIA	CHAPMAN

### NATURE OF BUSINESS

- **CHARITABLE**
- **I EDUCATIONAL**
- **RELIGIOUS**

# REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

Does the Nonprofit Corporation meet exemptions of reporting as outlined in RCW 24.03A.075? - Yes

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#### CONTROLLING INTEREST

- 1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- No
- 2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?
- No
- a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?
- No
- 3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?
- No

You must submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit <u>www.dor.wa.gov/REET</u>.

## RETURN ADDRESS FOR THIS FILING

Attention:

ROSE ESCUDERO

Email:

ROSE@FPIW.ORG

Address:

PO BOX 975, LYNNWOOD, WA, 98046-0975, USA

# **UPLOAD ADDITIONAL DOCUMENTS**

Do you have additional documents to upload? - No

#### AUTHORIZED PERSON

I am an authorized person.

Person Type: **ENTITY** 

First Name:

ROSE

Last Name:

ESCUDERO

Entity Name:

#### FAMILY POLICY INSTITUTE OF WASHINGTON

Title:

#### **OFFICE MANAGER**

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

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Amount Received: \$20.00