



**STATE OF WASHINGTON
SECRETARY OF STATE**

Nonprofit Corporation

See attached detailed instructions

- ☒ Filing Fee \$10.00
- ☐ Filing Fee with Expedited Service \$60.00

This Box For Office Use Only

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\$10.00 K

FILED tid: 2981767
SECRETARY OF STATE

April 23, 2015

STATE OF WASHINGTON

UBI Number: 602694414

NONPROFIT CORPORATION ANNUAL REPORT

Chapter RCW 24.03

SECTION 1 (required)

NAME OF CORPORATION: (as currently recorded with the Office of the Secretary of State)

FAMILY POLICY INSTITUTE OF WASHINGTON

STATE or COUNTRY OF INCORPORATION: WASHINGTON

SECTION 2 (agent information required)

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Joseph Backholm

Physical Location Address (required):

16108 Ash Way, Suite 113


City Lynnwood **WA Zip Code** 98087

Mailing or Postal Address (optional):

City **WA Zip Code**

CONSENT TO SERVE AS REGISTERED AGENT: (required if changes have been made)

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X  **JOSEPH BACKHOLM** **4/20/15**
Signature of Registered Agent **Printed Name** **Date**

SECTION 3 (required for Foreign Entities)

ADDRESS OF THE PRINCIPAL OFFICE:

Street Address **City** **State** **Zip**

PO Box **City** **State** **Zip**

SECTION 4 *(required every year)*

BRIEFLY DESCRIBE THE AFFAIRS (NATURE OF BUSINESS) THE NONPROFIT CORPORATION IS CONDUCTING:

Family Policy Institute of Washington works to unite a coalition of allied national and local organizations to create public policy that recognizes and respects the signigicance and sanctity of the family.

SECTION 5 *(required every year)*

NAME AND ADDRESS OF ALL CURRENT OFFICERS AND DIRECTORS:

(If necessary, attach additional names and addresses)

PRESIDENT: Please see attached

Address: _____

City _____ State _____ Zip Code _____

VICE PRESIDENT: _____

Address: _____

City _____ State _____ Zip Code _____

SECRETARY: _____

Address: _____

City _____ State _____ Zip Code _____

TREASURER: _____

Address: _____

City _____ State _____ Zip Code _____

DIRECTOR: _____

Address: _____


City _____ State _____ Zip Code _____

(If necessary, attach additional names, titles and addresses)

SECTION 6 *(required)*

AUTHORIZED SIGNATURE *(see instructions page)*

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

X		Joseph Backholm, Executive Director	4/20/15	425-608-0242
	Signature	Printed Name and Title	Date	Phone

Family Policy Institute of Washington Officers and Directors:

President: Larry Sundquist

Address: PO Box 958

City: Lynnwood

State: WA

Zip Code: 98046

Executive Director: Joseph Backholm

Address: 16108 Ash Way, Suite 113

City: Lynnwood

State: WA

Zip Code: 98087

Secretary: Ginny Chapman

Address: 17420 44th Ave NE

City: Lake Forest

State: WA

Zip Code: 98155

Treasurer: Rose Escudero

Address: 16108 Ash Way, Suite 113

City: Lynnwood

State: WA

Zip Code: 98087

Director: Roger Lageschulte

Address: 320 Dayton St #127

City: Edmonds

State: WA

Zip Code: 98020

Director: Jim Mischel

Address: 11831 Beverly Parkway Blvd, Bldg D

City: Everett

State: WA

Zip Code: 98204

Director: Joe Fuiten

Address: 16300 112th Ave NE

City: Bothell

State: WA

Zip Code: 98011

Director: Matt Coombs

Address: 5814 E Mercer Way

City: Mercer Island

State: WA

Zip Code: 98040

Director: Aimee Coombs

Address: 5814 E Mercer Way

City: Mercer Island

State: WA

Zip Code: 98040

Friday, March 20, 2015