



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 04/26/2023
Effective Date: 04/26/2023
UBI #: 602 715 473

Annual Report

BUSINESS INFORMATION

Business Name:

FPIW ACTION

UBI Number:

602 715 473

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:

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

Expiration Date:

04/30/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

04/11/2007

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

POLITICAL, PREPARING FAMILY-AFFIRMING LEADERS, PROMOTING GOOD POLICY, ACCOUNTABILITY FOR ELECTED REPRESENTATIVES.

NONPROFIT GROSS REVENUE CERTIFICATION

Per [RCW 24.03A.960](#) 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: **51-0618262**

REGISTERED AGENT CONSENT

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

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

Work Order #: 2023042600290430 - 1
Received Date: 04/26/2023
Amount Received: \$20.00

Registered Agent Consent (Check One):

I am the Registered Agent. Use my Contact Information.



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 WASHINGTON	16108 ASH WAY STE 107, LYNNWOOD, WA, 98087-8780, USA	PO BOX 975, LYNNWOOD, WA, 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:

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

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		LARRY	SUNDQUIST
GOVERNOR	INDIVIDUAL		VIRGINIA	CHAPMAN

NATURE OF BUSINESS

- ┆ POLITICAL
- ┆ PREPARING FAMILY-AFFIRMING LEADERS, PROMOTING GOOD POLICY, ACCOUNTABILITY FOR ELECTED REPRESENTATIVES.

REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - **Yes**

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 www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

ROSE ESCUDERO

Email:

ROSE@FPIW.ORG

Address:

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

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - No

EMAIL OPT-IN

☒ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

ENTITY

First Name:

ROSE

Last Name:

ESCUDERO

Entity Name:

FAMILY POLICY INSTITUTE OF WASHINGTON

Title:

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