

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000412

**FILED**  
**Mar 17, 2023**  
**Secretary of State**  
**1317974319CC**

**Entity Name:** ALLIANCE FOR A HEALTHIER GENERATION, INC.

**Current Principal Place of Business:**

1028 SE WATER AVENUE  
SUITE 215  
PORTLAND, OR 97214

**Current Mailing Address:**

1028 SE WATER AVENUE  
SUITE 215  
PORTLAND, OR 97214 US

**FEI Number:** 27-2028308

**Certificate of Status Desired:** No

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

DIEHL, MEGAN  
175 27TH AVE NORTH  
ST. PETERSBURG, FL 33704 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:** MEGAN DIEHL

03/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FAXON, DAVID MD  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name LINDSEY, BRUCE R  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name BRYANT, WILLIAM J  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name CLINTON, CHELSEA  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title CEO  
Name HIGGINS, KATHRYN  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name BROWN, NANCY  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name DONAHUE, MARY BETH  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title CHAIRMAN  
Name JOSSERAND, DAVID A.  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

**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:** KATHRYN HIGGINS

CEO

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOSKOW, ANGELA  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name MING, H. MELVIN  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name ECHAVESTE, MARIA  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name MCNEIL-MILLER, KAREN  
Address 1028 SE WATER AVENUE  
SUITE 215  
City-State-Zip: PORTLAND OR 97214