

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 31, 2024
Secretary of State
8667901770CC

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 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 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

Title DIRECTOR
Name MOSKOW, ANGELA
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

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: RACHEL LEWIS

CFO

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SECUBAN, JOY
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

Title CFO
Name LEWIS, RACHEL
Address 1028 SE WATER AVENUE
SUITE 215
City-State-Zip: PORTLAND OR 97214