

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000412

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

**Current Principal Place of Business:**

2525 SW FIRST AVENUE, SUITE 120  
PORTLAND, OR 07201

**Current Mailing Address:**

2525 SW FIRST AVENUE, SUITE 120  
PORTLAND, OR 07201 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

01/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FAXON, DAVID MD  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title D  
Name LINDSEY, BRUCE R  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title CHAIRMAN  
Name BRYANT, WILLIAM J  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name CLINTON, CHELSEA  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title CFO  
Name CUSTARDO, LISA  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title CEO  
Name HIGGINS, KATHRYN  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name BROWN, NANCY  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name DONAHUE, MARY BETH  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

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*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

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JOSSERAND, DAVID A.  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name RODMAN, RICA  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name SANDERS, TROOPER  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name MOSKOW, ANGELA  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201

Title DIRECTOR  
Name PIERCE, WENDELL  
Address 2525 SW FIRST AVENUE, SUITE 120  
City-State-Zip: PORTLAND OR 07201