

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001867

**Entity Name:** INTERNATIONAL ASSOCIATION OF VISITOR INFORMATION PROVIDERS INC.**FILED**  
**Jan 23, 2024**  
**Secretary of State**  
**0829123925CC****Current Principal Place of Business:**77 BOWMAN'S LANDING RD.  
GEORGETOWN, ME 04548**Current Mailing Address:**77 BOWMAN'S LANDING RD.  
GEORGETOWN, ME 04548 US**FEI Number: 58-1455484****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KENNEY, BARBARA  
1215 SPRUCE AVENUE  
ORLANDO, FL 32824 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	ED
Name	KAUFMAN, MARK R
Address	77 BOWMANS LANDING RD.
City-State-Zip:	GEORGETOWN ME 04548

Title	SECRETARY
Name	KENNEY, RUTH ANN
Address	1215 SPRUCE AVENUE
City-State-Zip:	ORLANDO FL 32824

Title	PRESIDENT
Name	MITCHELL, DEANNE
Address	117 WEST PERRY STREET
City-State-Zip:	SAVANNAH GA 31405

Title	TREASURER
Name	REITER, TOM
Address	340 PARMA CENTER ROAD
City-State-Zip:	HILTON NY 14468

Title	VP
Name	RICE, JOHN
Address	5 ASHBOURNE BUSINESS PARK
City-State-Zip:	LIMERICK LIMERICK V94 AX84

Title	PAST PRESIDENT
Name	MORRISON, JAMES
Address	147 ARROWHEAD DR.
City-State-Zip:	MANHEIM PA 17545

*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: MARK R KAUFMAN****EXECUTIVE DIRECTOR****01/23/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date