



**Secretary of State
Business Programs Division**

Business Entities
1500 11th Street, Sacramento, CA 95814
P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name: William Last Name: Personius

Phone Number: 619-435-7139 Email: president@nhahistoricalociety.org

Entity Information (Please type or print legibly):

Entity Name: Naval Helicopter Association Historical Society, Inc.

Entity Number (if applicable): 91-779399

Comments: _____



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

This form is due within 90 days of initial registration and every two years thereafter.

Filing Fee – \$20.00

Certification Fee (Optional) – \$5.00

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)
 Naval Helicopter Association Historical Society, Inc.

This Space For Office Use Only

2. Secretary of State Entity Number

911779399

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
PO Box 180578	Coronado	CA	92718-0578
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Officers The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ First Name	Middle Name	Last Name	Suffix
William	Scott	Personius	
Address	City (no abbreviations)	State	Zip Code
9072 Meadowrun Place	San Diego	CA	92129
b. Secretary/ First Name	Middle Name	Last Name	Suffix
Brian	James	Miller	
Address	City (no abbreviations)	State	Zip Code
450 Turnstone Way	Orlando	FL	32828
c. Chief Financial Officer/ First Name	Middle Name	Last Name	Suffix
Christopher	Michael	Fitzgerald	
Address	City (no abbreviations)	State	Zip Code
6793 Obsidian Place	Carlsbad	CA	92009

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent’s full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
William	Scott	Personius	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
9072 Meadowrun Place	San Diego	CA	92129

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent’s Name (if agent is a corporation) – Do not complete Item 5a or 5b

6. Common Interest Developments

<input type="checkbox"/> Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a).
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7. Email Notifications

<p>Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.</p> <p>Yes, I opt-in to receive entity notifications via email. Email Address: <u>president@nhahistoricalsociety.org</u></p> <p>To change your option after filing, you must submit a new complete Statement of Information.</p>

The information contained herein, including in any attachments, is true and correct.

4/9/2024 William Personius
 Date Type or Print Name

President 
 Title Signature

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	194,734	00
	2 Interest	2	1,699	00
	3 Dividends	3	0	00
	4 Gross rents	4	0	00
	5 Gross royalties	5	0	00
	6 Gross amount received from sale of assets (See instructions)	6	0	00
	7 Other income. Attach schedule	7	0	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	196,434	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	00
	10 Disbursements to or for members	10	0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	11	0	00
	12 Other salaries and wages	12	0	00
	13 Interest	13	0	00
	14 Taxes	14	75	00
	15 Rents	15	0	00
	16 Depreciation and depletion (See instructions)	16	0	00
	17 Other expenses and disbursements. Attach schedule	17	119,407	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	119,482	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		165,236		242,188
2 Net accounts receivable		0		0
3 Net notes receivable		0		0
4 Inventories		0		0
5 Federal and state government obligations		0		0
6 Investments in other bonds		0		0
7 Investments in stock		0		0
8 Mortgage loans		0		0
9 Other investments. Attach schedule		0		0
10 a Depreciable assets	0		0	
b Less accumulated depreciation	0	0	0	0
11 Land		0		0
12 Other assets. Attach schedule		0		0
13 Total assets		165,236		242,188
Liabilities and net worth				
14 Accounts payable		0		0
15 Contributions, gifts, or grants payable		0		0
16 Bonds and notes payable		0		0
17 Mortgages payable		0		0
18 Other liabilities. Attach schedule		0		0
19 Capital stock or principal fund		0		0
20 Paid-in or capital surplus. Attach reconciliation		0		0
21 Retained earnings or income fund		0		0
22 Total liabilities and net worth		0		0

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	76,951	7 Income recorded on books this year not included in this return. Attach schedule	0
2 Federal income tax	0	8 Deductions in this return not charged against book income this year. Attach schedule	0
3 Excess of capital losses over capital gains	0	9 Total. Add line 7 and line 8	0
4 Income not recorded on books this year. Attach schedule	0	10 Net income per return. Subtract line 9 from line 6	0
5 Expenses recorded on books this year not deducted in this return. Attach schedule	0		
6 Total. Add line 1 through line 5	76,951		

California Exempt Organization Annual Information Return

2023

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Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 01/01/2023 and ending (mm/dd/yyyy) 12/31/2023

Corporation/Organization name Naval Helicopter Association Historical Society, Inc. California corporation number 2010947

Additional information. See instructions. FEIN 911779399

Street address (suite or room) PO Box 180578 PMB no.

City Coronado State CA ZIP code 92718-0578

Foreign country name Foreign province/state/county Foreign postal code

Form with sections A through O containing various checkboxes and questions regarding the organization's status and reporting requirements.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows and 3 columns (line number, description, amount) detailing Receipts and Revenues, Expenses, and Payments.

Sign Here section containing signature of officer, title (President NHAHS), date (04/08/2024), and telephone number (619) 435-7139.

May the FTB discuss this return with the preparer shown above? See instructions Yes No