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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29669** (9)

1. Corporation Name

NATIVE AMERICAN RIGHTS FUND, INC.

Principal Place of Business

Mailing Address

**1506 BROADWAY
BOULDER CO 80302-6217**

**1506 BROADWAY
BOULDER CO 80302-6217**

3. Date Incorporated or Qualified
06/05/1990

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

84-0611876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☐ DELETE
NAME **ECHOHAWK, JOHN E**
STREET ADDRESS **4660 QUAIL CREEK LANE**
CITY-ST-ZIP **BOULDER CO 80301**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ROREX, CLELA**
STREET ADDRESS **311 BUCHANAN COURT**
CITY-ST-ZIP **LOUISVILLE CO 80027**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **RAMIREZ, RAY**
STREET ADDRESS **1823 SPRUCE AVE.**
CITY-ST-ZIP **LONGMONT CO 80501**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DO** ☐ DELETE
NAME **PROSSER, MARY LU**
STREET ADDRESS **13330 BRIARWOOD DRIVE**
CITY-ST-ZIP **BROOMFIELD CO**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **LM** ☐ DELETE
NAME **GOTTSCHALK, KIM J**
STREET ADDRESS **2887 HUMBOLDT CIR.**
CITY-ST-ZIP **LONGMONT CO**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **LM** ☐ DELETE
NAME **KNIGHT, YVONNE**
STREET ADDRESS **1268 WESTVIEW DR.**
CITY-ST-ZIP **BOULDER CO 80303**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)