

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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 **03/17/1995**
 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	ECHOHAWK, JOHN E	
STREET ADDRESS	4660 QUAIL CREEK LANE	
CITY - ST - ZIP	BOULDER CO 80301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROREX, CLELA	
STREET ADDRESS	311 BUCHANAN COURT	
CITY - ST - ZIP	LOUISVILLE CO 80027	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAMIREZ, RAY	
STREET ADDRESS	1823 SPRUCE AVE.	
CITY - ST - ZIP	LONGMONT CO 80501	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	POURIER, MARILYN	
STREET ADDRESS	2757 GLENWOOD COURT #1	
CITY - ST - ZIP	BOULDER CO 80302	
TITLE	LM	<input type="checkbox"/> DELETE
NAME	GOTTSCKELK, KIM J	
STREET ADDRESS	2887 HUMBOLDT CIR.	
CITY - ST - ZIP	LONGMONT CO 80501	
TITLE	LM	<input type="checkbox"/> DELETE
NAME	KNIGHT, YVONNE	
STREET ADDRESS	1268 WESTVIEW DR.	
CITY - ST - ZIP	BOULDER CO 80303	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DO PROSSER, MARY LU
4.3 STREET ADDRESS	1330 BRIARWOOD DRIVE
4.4 CITY - ST - ZIP	BROOMFIELD, CO 80030
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GOTTSCHALK, KIM J
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Date **6/12/96** Daytime Phone # **303/447-8760**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)