

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1506 BROADWAY BOULDER CO 80302-6217	Mailing Address 1506 BROADWAY BOULDER CO 80302-6217
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3. Date Incorporated or Qualified
06/05/1990

4. FEI Number
84-0611876

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOHAWK, JOHN E	1.2 NAME	
STREET ADDRESS	4680 QUAIL CREEK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROREX, CLELA	2.2 NAME	
STREET ADDRESS	311 BUCHANAN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO 80027	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RAY	3.2 NAME	
STREET ADDRESS	1823 SPRUCE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO 80501	3.4 CITY-ST-ZIP	
TITLE	DO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSER, MARY LU	4.2 NAME	
STREET ADDRESS	13330 BRIARWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOMFIELD CO	4.4 CITY-ST-ZIP	
TITLE	LM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSCHALK, KIM J	5.2 NAME	
STREET ADDRESS	2887 HUMBOLDT CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	5.4 CITY-ST-ZIP	
TITLE	LM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, YVONNE	6.2 NAME	
STREET ADDRESS	1268 WESTVIEW DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80303	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: _____ **4/17/98** **303/447-8760**

CPRE037 (10/97)