


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P29669
 1. Entity Name
 NATIVE AMERICAN RIGHTS FUND, INC.



Principal Place of Business
 1506 BROADWAY
 BOULDER, CO 80302-6217

Mailing Address
 1506 BROADWAY
 BOULDER, CO 80302-6217

DO NOT WRITE IN THIS SPACE



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 84-0611876

Applied For
 Not Applicable

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

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

000000076385
 03/05/04-80024-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ECHOHAWK, JOHN E 4660 QUAIL CREEK LANE BOULDER, CO 80301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROREX, CLELA 311 BUCHANAN COURT LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, RAY 1823 SPRUCE AVE. LONGMONT, CO 80501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO PROSSER, MARY LU 13330 BRIARWOOD DRIVE BROOMFIELD, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LM GOTTSCALK, KIM J 2887 HUMBOLDT CIR. LONGMONT, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LM KNIGHT, YVONNE 1288 WESTVIEW DR. BOULDER, CO 80303

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Clela A. Rorex Clela A. Rorex 3/26/04 303-447-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #