


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.	
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Principal Place of Business 1506 BROADWAY BOULDER, CO 80302-6217	Mailing Address 1506 BROADWAY BOULDER, CO 80302-6217
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02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-0611876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 1268 WESTVIEW DR. BOULDER, CO 80303

**DO NOT WRITE
IN THIS SPACE**

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** *3/26/04* *303-447-8260*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #