


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90137 001 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 84-0611876	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOHAWK, JOHN E		NAME		
STREET ADDRESS	4660 QUAIL CREEK LANE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80301		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROREX, CLELA		NAME		
STREET ADDRESS	311 BUCHANAN COURT		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, CO 80027		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RAY		NAME		
STREET ADDRESS	1823 SPRUCE AVE.		STREET ADDRESS		
CITY-ST-ZIP	LONGMONT, CO 80501		CITY-ST-ZIP		
TITLE	DO	<input checked="" type="checkbox"/> Delete	TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSER, MARY LU		NAME	Donna B Ragona	
STREET ADDRESS	13330 BRIARWOOD DRIVE		STREET ADDRESS	1599 Ridgeview Dr.	
CITY-ST-ZIP	BROOMFIELD, CO		CITY-ST-ZIP	LOUISVILLE, CO 80027	
TITLE	LM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSCHALK, KIM J		NAME		
STREET ADDRESS	2887 HUMBOLDT CIR.		STREET ADDRESS		
CITY-ST-ZIP	LONGMONT, CO		CITY-ST-ZIP		
TITLE	LM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, YVONNE		NAME		
STREET ADDRESS	1268 WESTVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	BOULDER, CO 80303		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Clela A Rorex</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/30/06 Daytime Phone #: 303-442-8260	