



Notification of a change to corporation officers' details

Name of corporation

Indigenous Corporation Number (ICN)

New contact person's/secretary's details *(if applicable)*

New contact person's/secretary's details Contact person for a small or X medium corporation Secretary of a large corporation

Changes to current contact person's/secretary's details *(if applicable)*

Ceased directors details *(if applicable)*

New directors' details *(if applicable)*

Changes to current directors' details *(if applicable)*

Director 1

Title	<input type="text" value="Ms"/>		
First name	<input type="text" value="Christabel"/>	Middle name	<input type="text"/>
Last name	<input type="text" value="Warren"/>		

Previous name(s) *(if any)*

Residential address

<input type="text" value="MOUNT SHERIDAN WA"/>	Postcode	<input type="text" value="6355"/>
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This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment

This person is a: Director

Alternate director X [>Terms of the alternate director's appointment](#)

Alternate director for Pamela Lauenstein

Director 2

Title Ms
First name Darlene Middle name
Last name Fell

Previous name(s) (if any)

Residential address 26 Chester Street
THURSDAY ISLAND QLD Postcode 4875

This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment 01 May 2014

This person is a: Director

Alternate director X >Terms of the alternate director's appointment

Alternate director for James Adams

Director 3

Title Ms
First name Elly Middle name
Last name Macumboy

Previous name(s) (if any)

Residential address 79 Blady Grass Street
Lockhart River
LOCKHART QLD Postcode 4892

This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment 01 May 2014

This person is a: Director

Alternate director X >Terms of the alternate director's appointment

Alternate director for Deanne Macmbory

Director 4

Title Ms
First name Gloria Middle name
Last name Pablo

Previous name(s) (if any)

Residential address 64 Pablo Street
INJINOO QLD Postcode 4876

This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment 01 May 2014

This person is a: Director

Alternate director X >Terms of the alternate director's appointment

Alternate director for Philip Wallis

Director 5

Title

Mr

First name

Loddy

Middle name

Last name

Chippendale

Previous name(s) (if any)

Residential address

C/- Post Office

LOCKHART QLD

Postcode

4892

This director will hold office for:

Up to 1 year

Up to 2 years X

Date of appointment

01 May 2014

This person is a: Director

Alternate director X >Terms of the alternate director's appointment

Alternate director for Johnson Chippendale

Director 6

Title

Ms

First name

Maxine

Middle name

Last name

Chippendale

Previous name(s) (if any)

Residential address

C/- Post Office

LOCKHART QLD

Postcode

4892

This director will hold office for:

Up to 1 year

Up to 2 years X

Date of appointment

01 May 2014

This person is a: Director

Alternate director X >Terms of the alternate director's appointment

Alternate director for John Davis Chippendale

Declaration

I declare the information provided on this form is correct.

Full name

Date