



Notification of a change to corporation officers' details

Name of corporation

Indigenous Corporation Number (ICN)

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

Former contact person's/secretary's details

Title

First name Middle name

Last name

Date this person stopped being the contact person/secretary

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

contact person/secretary 1

Title

First name Middle name

Last name

Previous name(s) *(if any)*

Residential address

Postcode

Date this change took effect

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

Ceased directors details *(if applicable)*

Director 1

Title

First name Middle name

Last name

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 2

Title	Mr		
First name	John	Middle name	Davis
Last name	Chippendale		

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 3

Title	Ms		
First name	Pamela	Middle name	
Last name	Lauenstein		

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

New directors' details (if applicable)

Director 1

Title	Miss		
First name	Ayesha	Middle name	
Last name	Manantan		

Previous name(s) (if any)

Residential address	1 Puulu Street		
	<input type="text"/>		
	LOCKHARTQLD	Postcod	4892

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](#)

Director 2

Title	Miss		
First name	Beverley	Middle name	Beryl
Last name	Pascoe		

Previous name(s) (if any)

Residential address	21 Kuyumu Street		
	LOCKHARTQLD	Postcod	4892

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

Date of appointment

This person is a: Director X

Alternate director > Terms of the alternate director's appointment

Director 3

Title	Ms		
First name	Christabel	Middle name	Jane
Last name	Warren		

Previous name(s) (if any)

Residential address	20 Balaclava Road		
	EARLVILLEQLD	Postcod	4870

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

Date of appointment

This person is a: Director X

Alternate director > Terms of the alternate director's appointment

Director 4

Title	Mr		
First name	Keron	Middle name	
Last name	Murray		

Previous name(s) (if any)

Residential address	2 Jordan Street		
	EDMONTONQLD	Postcod	4869

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

Director 5

Title	Ms	
First name	Lency	Middle name
Last name	Pedro	

Previous name(s) (if any)

Residential address	12a Stephen Street		
	<input type="text"/>		
	THURSDAY ISLANDQLD	Postcod	4875

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

Date of appointment

This person is a: Director

Alternate director > Terms of the alternate director's appointment

Alternate to Phil Wallis

Director 6

Title	Mrs	
First name	Lucy	Middle name
Last name	Hobson	

Previous name(s) (if any)

Residential address	77 Blady Grass Street		
	<input type="text"/>		
	LOCKHARTQLD	Postcod	4892

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

Date of appointment

This person is a: Director

Alternate director > Terms of the alternate director's appointment

Alternate to Beverley Pascoe

Director 7

Title	Mr	
First name	Nathan Paul	Middle name
Last name	Seden	

Previous name(s) (if any)

Residential address	1 Dewhurst Street		
	<input type="text"/>		
	TAMWORTHNSW	Postcod	2340

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

Date of appointment

This person is a: Director

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

Director 8

Title

First name Middle name

Last name

Previous name(s) (if any)

Residential address

Postcod

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](#)

Director 9

Title

First name Middle name

Last name

Previous name(s) (if any)

Residential address

Postcod

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

Date of appointment

This person is a: Director X

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

Changes to current directors' details (if applicable)

Declaration

I declare the information provided on this form is correct.

Full name

Christabel Warren

Date

29 June 2016