

# Notification of a change to corporation officers' details

Name of corporation	Durri Aboriginal Corporation Medical Service
Indigenous Corporation Number (ICN)	27

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

Former contact	Title	Ms						
person's/secretary's details	First name	Kelly		Middle name				
uctans	Last name	Jo-Anne						
		Date this person stopped being the contact person/secretary 07 December						
New contact person's/ secretary's details			erson for a small or nedium corporation		ry of a l	arge corporation X		
contact person/	Title	Mr						
secretary 1	First name	Gerald		Middle name	, Mervyn			
	Last name	Hoskins						
Previous nam	e(s) <i>(if any)</i>							
Residen	tial address	109 Hillview Driv	e (Westend)					
		YARRAVEL NSV	N		Postc	2440		
Date this change	e took effect	07 December						

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

Ceased directors details (if applicable)								
Director 1	Title	Mr						
	First name	Gerald		Middle name	Mervyn			
	Last name	Hoskins						
		Date this person stop	ped being a dire	ector of the cor	poration	07 December		

	This p	erson was a:	Director X	Alterr	nate direct	or
Director 2	Title Ms					
First	name Kim			Middle name		
Last	name Donol	hue				
	Date t	his person stopped	d being a dir	ector of the cor	poration	23 November
	This p	erson was a:	Director X	Alterr	nate direct	or
Director 3	Title Ms					
First	name Mary-	Lou		Middle name		
Last	name Buck					
	Date t	his person stopped	d being a dir	ector of the cor	poration	23 November
	This p	erson was a:	Director X	C Alterr	nate direct	or

## New directors' details (if applicable)

Director 1 Title	Mrs			
First name	Cecilia		Middle name	
Last name	Flanders			
Previous name(s) (if any)				
Residential address	77/2 Lachlan Stree	ət		
	KEMPSEYNSW			Postcod 2440
This director will hold office for:	Up to 1 year X	Up to	2 years	
Date of appointment	23 November 2009	9		
This person is a:	Director X	(		
	Alternate director	> Terms of the	alternate direc	tor's appointment
Director 2 Title				
First name	Ruth		Middle name	Margaret
Last name	Maruca			
Previous name(s) (if any)				

Reside	ential address	155 River Street				
		KEMPSEYNSW			Postcod	2440
This director will h	nold office for:	Up to 1 year	Up to	2 years X		
Date of	f appointment	23 November 2009	]			
Thi	s person is a:	Director X				
		Alternate director	> Terms of the	alternate direc	tor's appo	intment
Director 3	Title	Mr				
	First name	Vincent		Middle name	Gregory	
	Last name	Cook				
Previous na	me(s) <i>(if any)</i>					
Reside	ential address	75 Rudder Street				
		KEMPSEYNSW			Postcod	2440
This director will h	nold office for:	Up to 1 year X	Up to	2 years		
Date of	f appointment	23 November 2009	]			
Thi	s person is a:	Director X				
		Alternate director	> Terms of the	alternate direc	tor's appo	intment

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

Declaration

I declare the information provided on this form is correct.

Full name

Tony Gray

Date