



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)*

New contact person's/
secretary's details

Contact person for a small or
medium corporation

Secretary of a large corporation X

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

Ceased directors details *(if applicable)*

New directors' details *(if applicable)*

Director 1

Title

Ms

First name

Cheryl

Middle name

Last name

Davis

Previous name(s) *(if any)*

Residential address

181 Pipers Creek Road

DONDINGALONGNSW

Postcod

2440

This director will hold office for:

Up to 1 year X

Up to 2 years

Date of appointment

29 November 2012

This person is a:

Director X

Alternate director

> Terms of the alternate director's appointment

Director 2

Title

Ms

First name	Tracey	Middle name	
Last name	Edwards		

Previous name(s) *(if any)*

Residential address	15 Bloomfield Street		
	<input type="text"/>		
	SOUTH KEMPSEYNSW	Postcod	2440

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

<input type="text"/>

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

Declaration

I declare the information provided on this form is correct.

Full name	Date
<input type="text" value="Tracey Parker"/>	<input type="text"/>