



## 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)*

Director 1

Title	Ms	Middle name	
First name	Cheryl		
Last name	Davis		

Date this person stopped being a director of the corporation 28 August 2013

This person was a: Director X Alternate director

### New directors' details *(if applicable)*

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

Declaration

*I declare the information provided on this form is correct.*

Full name

Date

Judith Clacy