



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 detailsContact person for a small or
medium corporation

Secretary of a large corporation X

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

contact person/
secretary 1

Title

Mr

First name

Timothy

Middle
name

Charles

Last name

Agius

Previous name(s) *(if any)*

Residential address

15-19 York Lane

Kempsey NSW

Postcode

2440

Date this change took effect

12 August 2015

Ceased directors details *(if applicable)*

Director 1

Title

Mr

First name

Donald

Middle name

Tasman

Last name

Griffen

Date this person stopped being a director of the corporation

20 November 2017

This person was a:

Director X

Alternate director

New directors' details *(if applicable)*

Director 1

Title	<input type="text" value="Mrs"/>		
First name	<input type="text" value="Lauretta"/>	Middle name	<input type="text"/>
Last name	<input type="text" value="Smith"/>		

Previous name(s) *(if any)*

Residential address	<input type="text" value="37 Yarravel Street"/>		
	<input type="text"/>		
	<input type="text" value="KempseyNSW"/>	Postcod	<input type="text" value="2440"/>

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

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	Date
<input type="text" value="Timothy Agius"/>	<input type="text" value="11 December 2017"/>