



# 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	Mrs	Middle name	
First name	Lauretta		
Last name	Smith		

Date this person stopped being a director of the corporation 09 May 2018

This person was a: Director X Alternate director

Director 2

Title	Mr	Middle name	
First name	Sean		
Last name	Phillips		

Date this person stopped being a director of the corporation 03 May 2018

This person was a: Director X Alternate director

Director 3

Title	Ms	Middle name	
First name	Wendy		
Last name	Cowan		

Date this person stopped being a director of the corporation 10 May 2018

This person was a:                      Director X                      Alternate director

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

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

**Declaration**

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

Full name

Date

Tim Agius

11 May 2018