



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)*

Ceased directors details *(if applicable)*

New directors' details *(if applicable)*

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

Director 1

Title

Ms

First name

Elizabeth

Middle
name

Last name

McEntyre

Previous name(s) *(if any)*

Residential address

45 Mulbring Street

KURRI KURRI NSW

Postcode

2327

This director will hold office for:

Up to 1 year

Up to 2 years X

Date of appointment

03 July 2016

This person is a:

Director X

Alternate director

>Terms of the alternate director's appointment

Declaration

I declare the information provided on this form is correct.

Full name

Date

Timothy Agius

11 July 2018