



# 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	Elizabeth		
Last name	McEntyre		

Date this person stopped being a director of the corporation 02 March 2020

This person was a: Director X Alternate director

Director 2

Title	Mr	Middle name	
First name	Robbie		
Last name	Lloyd		

Date this person stopped being a director of the corporation 02 March 2020

This person was a: Director X Alternate director

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

Director 1

Title Ms

First name	Wendy	Middle name	
Last name	Cowan		

Previous name(s) *(if any)*

Residential address   
  

KEMPSEYNSW	Postcod	2440
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This director will hold office for:      Up to 1 year                      Up to 2 years

Date of appointment

This person is a:                      Director

Alternate director X   ➤ Terms of the alternate director's appointment

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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
<input type="text" value="Cheryl Davis"/>	<input type="text" value="03 March 2020"/>