



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

Ms

First name

Katherine

Middle
name

Lynette

Last name

Holten

Previous name(s) *(if any)*

Residential address

23/9 Jack Williams Crescent

KEMPSEY NSW

Postcode

2440

Date this change took effect

17 April 2020

Ceased directors details *(if applicable)*

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

Arthur Kelly

20 May 2020