

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)

Former contact person's/secretary's details	Title	Ms						
	First name	Jodie-Ann		Middle name				
uctuns	Last name	Sherrin						
Date this person stopped being the contact person/secretary 05 December 2022								
New contact person's/ secretary's details		Contact person for a small or medium corporation Secretary of a large corporation X						
Contact person/ secretary 1	Title	Miss]					
	First name	Connie		Middle name	Michelle			
	Last name	Smith						
Previous name(s) <i>(if any)</i>								
Residential address 5 Woodgrove Close								
		PORT MACQUARIE NSW		ł	Postcode	2444		
Date this change	e took effect	09 January 2024	k .					

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

Ceased directors details (if applicable)

New and reappointed 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

15 January 2024