



Notification of a change to corporation officers' details

Name of corporation

Narrpadlarna Mila Aboriginal Corporation

Indigenous Corporation Number
(ICN)

10004

New contact person's/secretary's details *(if applicable)*

New contact person's/
secretary's detailsContact person for a small or X
medium corporation

Secretary of a large corporation

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

Ceased directors details *(if applicable)*

Director 1

Title	Ms	Middle name	
First name	Tammie		
Last name	Coleman-Schwek		

Date this person stopped being a director of the corporation 21 August 2023

This person was a: Director X Alternate director

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

Director 1

Title	Ms	Middle name	Jessie
First name	Alison		
Last name	Denee-Thomson		

Previous name(s) *(if any)* Alison Motlik,

Residential address 10 Artesian Road

Two wells SA

Postcode 5501

This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment 24 November 2023

This person is a: Director X

Alternate director > Terms of the alternate director's appointment

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Director 2

Title Mrs

First name Cherylynne Middle name Debra

Last name Catanzariti

Previous name(s) (if any) Cherylynne Watkins,

Residential address 19 Wattle Terrace

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KUDLA SA Postcode 5115

This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment 24 November 2023

This person is a: Director X

Alternate director > Terms of the alternate director's appointment

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Director 3

Title Ms

First name Eva Middle name

Last name Wilson

Previous name(s) (if any) Eva Marcek,

Residential address 35 Wilford Road

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SEATON SA Postcode 5023

This director will hold office for: Up to 1 year Up to 2 years X

Date of appointment 24 November 2023

This person is a: Director X

Alternate director > Terms of the alternate director's appointment

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Director 4

Title Ms

First name Jillian Middle name

Last name Miller

Previous name(s) (if any)

Residential address

This director will hold office for: ☐ Up to 1 year ☒ Up to 2 years X

Date of appointment

This person is a: ☒ Director

Alternate director X ☒ [Terms of the alternate director's appointment](#)

Director 5

Title
First name Middle name
Last name

Previous name(s) (if any)

Residential address

This director will hold office for: ☐ Up to 1 year ☒ Up to 2 years X

Date of appointment

This person is a: ☒ Director X

Alternate director ☐ [Terms of the alternate director's appointment](#)

Changes to current directors' details (if applicable)

Declaration

I declare the information provided on this form is correct.

Full name Date