Companies House

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **06/06/2016**

X58LPXK3

Company Name:	**FOOTPRINTS WOMENS CENTRE**
Company Number:	**NI036140**
Date of this return:	**10/05/2016**
SIC codes:	**96090**
Company Type:	**Private company limited by guarantee exempt under section 60**
Situation of Registered Office:	**84A COLINMILL** **POLEGLASS** **BELFAST** **N IRELAND** **BT17 0AR**

Officers of the company

Company Director 1

Type: **Person**

Full forename(s): **MISS MARGARET MARY**

Surname: **BOYLE**

Former names:

Service Address: **27 GLASVEY RISE**
DUNMURRY
BELFAST
BT17 0DZ

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/01/1952** *Nationality:* **IRISH**

Occupation: **COMMUNITY WORKER**

Company Director 2

Type: **Person**

Full forename(s): **MS NOREEN**

Surname: **BRANIFF**

Former names: **SHANNON**

Service Address: **32 GLENGOLAND AVE**
BELFAST
CO ANTRIM
BT17 0HN

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/11/1955** *Nationality:* **IRISH**

Occupation: **RETIRED**

Company Director 3

Type: **Person**

Full forename(s): **MS URSULA MARY**

Surname: **CARBERRY**

Former names:

Service Address: **50 WOODSIDE DRIVE**
POLEGLASS
BELFAST
BT17 0SR

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/04/1964** *Nationality:* **NORTHERN IRISH**

Occupation: **SECERTARY**

Company Director 4

Type: **Person**

Full forename(s): **MS BERNADETTE**

Surname: **DEVLIN**

Former names:

Service Address: **29 HAWTHORN VIEW**
BELFAST
BT17 0RN

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/09/1964** *Nationality:* **IRISH**

Occupation: **CHILDCARE WORKER**

Company Director 5

Type: **Person**

Full forename(s): **MRS BERNADETTE**

Surname: **DONAGHY**

Former names:

Service Address: **38 ARDCAOIN AVENUE**
POLEGLASS
BELFAST
COUNTY ANTRIM
BT17 0UN

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/10/1965** *Nationality:* **NORTHERN IRISH**

Occupation: **PARENT CO-ORDINATOR**

Company Director 6

Type: **Person**
Full forename(s): **MRS MARIE CLAIRE**

Surname: **FERRIS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/05/1969** *Nationality:* **BRITISH**
Occupation: **BUSINESS MANAGER**

Company Director 7

Type: **Person**
Full forename(s): **MRS SINEAD**

Surname: **GLYMOND**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/03/1980** *Nationality:* **IRISH**
Occupation: **ACCOUNTS ASSISTANT**

Company Director *8*

Type: **Person**

Full forename(s): **MS ISOBEL**

Surname: **LOUGHRAN**

Former names:

Service Address: **51 MERRION PARK**
DUMURRY
BELFAST
COUNTY ANTRIM
BT17 0SE

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/07/1962** *Nationality:* **IRISH**

Occupation: **TRAINEE EDUCATION WORKER**

Company Director 9

Type: **Person**

Full forename(s): **MRS MARY**

Surname: **MCNEILL**

Former names:

Service Address: **19 COLINBROOK DRIVE**
POLEGLASS
BELFAST
ANTRIM
BT17 0PG

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/04/1949** *Nationality:* **IRISH**

Occupation: **COMMUNITY WORKER**

Company Director *10*

Type: **Person**

Full forename(s): **DR ELIZABETH MARY**

Surname: **MCSHANE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/09/1942** *Nationality:* **BRITISH**

Occupation: **RETIRED**

Company Director 11

Type: **Person**

Full forename(s): **MRS FIONA**

Surname: **O'CONNELL**

Former names:

Service Address: **70 AREEMA DRIVE**
DUNMURRY
BELFAST
NORTHERN IRELAND
BT17 0QH

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/04/1973** *Nationality:* **IRISH**

Occupation: **RESEARCH OFFICER**

Company Director 12

Type: **Person**

Full forename(s): **MS JOCELYN IRENE**

Surname: **POOTS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/04/1961** *Nationality:* **NORTHERN IRISH**

Occupation: **PROJECT CO-ORDINATOR**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.