

COMPANIES REGISTRY
Waterfront Plaza
8 Laganbank Road
BELFAST
BT1 3BS

49



00554818

371s

ANNUAL RETURN

Tel: 0845 604 88 88
Fax: 028 9090 5291
Email: info.companiesregistry@detini.gov.uk
Web: www.companiesregistry.detini.gov.uk

Company Number: **NI033133**
Company Name: **SURVIVORS OF TRAUMA LIMITED**
Company Type: **2 - NI PR GU - SHR**
Date: **02/10/2008**

Please mark
appropriate box

There were no changes
in the period

☒

A list of changes is
enclosed

☐

A full list of members is
enclosed

☐

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces provided. Please read the notes for guidance before completing the return.

DATE OF THIS RETURN (See Note 1)

The information in this return should be made up to a date not later than

22/10/2008

DAY MONTH YEAR

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DATE OF NEXT RETURN

If you wish to make up your next return to a date earlier than the anniversary of this return please show the date here. Companies Registry will then send a form at the appropriate time.

DAY MONTH YEAR

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REGISTERED OFFICE (See Note 3)

This is the address registered by Companies Registry

**SURVIVORS OF TRAUMA
151 CLIFTONVILLE ROAD
BELFAST
BT14 6JR**

If the information shown needs amendment, give details below, and for secretary and director particulars, the date of any change.

PRINCIPAL BUSINESS ACTIVITIES
(See Note 4)

8993-WELFARE & CHARITABLE SERVICES
8999-OTHER SERVICES

LOCATION OF REGISTER OF MEMBERS (See Note 5)
This address must be in Northern Ireland

LOCATION OF REGISTER OF DEBENTURE HOLDERS
(See Note 6)
This address must be in Northern Ireland

Particulars of a new director or secretary
must be notified on form 296 (See Note 7)

Company Secretary
PATRICK
MURPHY
68 OLDPARK AVENUE
BELFAST
N. IRELAND
BT14 6HH

**If this person has ceased to be a secretary/
director, please state when.**

Particulars of a new director or secretary
must be notified on form 296 (See Note 7)

Director
MARY
BRADFORD
20 BRAMBLEWOOD
CRUMLIN
BT29 4DG

DATE OF BIRTH: 12/05/1948
NATIONALITY: IRISH
OCCUPATION: HOUSEWIFE

**If this person has ceased to be a secretary/
director, please state when.**

**Show any relevant current and previous
directorships.**

Director
MEALDA
HALL
FLAT 24, BROOKVALE FOLD
ANTRIM ROAD
BELFAST
BT14 6TH

DATE OF BIRTH: 12/10/1920
NATIONALITY: IRISH
OCCUPATION: RETIRED

**If this person has ceased to be a secretary/
director, please state when.**

**Show any relevant current and previous
directorships.**

Director
IRENE PATRICIA
LARGEY
35 WESTLAND ROAD
BELFAST
BT14 6NJ

DATE OF BIRTH: 13/05/1958
NATIONALITY: IRISH
OCCUPATION: NURSE

If this person has ceased to be a secretary/
director, please state when.

Show any relevant current and previous
directorships.

Director
PAUL
MAGUIRE
1 THIRLMERE GDNS
BELFAST
CO ANTRIM
BT15 5EF

DATE OF BIRTH: 18/06/1948
NATIONALITY: IRISH
OCCUPATION: UNEMPLOYED

If this person has ceased to be a secretary/
director, please state when.

Show any relevant current and previous
directorships.

Director
COLLEEN
FITZPATRICK
6 WOODLAND AVENUE
BELFAST
BT14 6BY

DATE OF BIRTH: 19/02/1971
NATIONALITY: IRISH
OCCUPATION:

If this person has ceased to be a secretary/
director, please state when.

Show any relevant current and previous
directorships.

Director
STEWART
JOSEPH
7 SOMERTON CLOSE
BELFAST

DATE OF BIRTH: 28/02/1954
NATIONALITY: IRISH
OCCUPATION:

If this person has ceased to be a secretary/
director, please state when.

Show any relevant current and previous
directorships.

Director
CATHERINE
MCNALLY
13 NORFOLK GARDENS
BELFAST
CO. ANTRIM
N. IRELAND
BT11 8DD

DATE OF BIRTH: 26/02/1945
NATIONALITY: IRISH
OCCUPATION:

If this person has ceased to be a secretary/
director, please state when.

Show any relevant current and previous
directorships.

Director
PATRICK
MURPHY
68 OLDPARK AVENUE
BELFAST
N. IRELAND
BT14 6HH

DATE OF BIRTH: 16/03/1961
NATIONALITY: IRISH
OCCUPATION:

If this person has ceased to be a secretary/
director, please state when.

Show any relevant current and previous
directorships.

SHARE CAPITAL (See Note 8)

Enter details of all shares in issue at the date of this return.

Nominal Capital 0.00
Paid Up Capital 0.00

CLASS	NUMBER	AGGREGATE VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

(The above details are those currently held on our records)

LIST OF PAST AND PRESENT MEMBERS

(See Note 9)

(Use attached schedule and additional sheets where appropriate) A full list is required if one was not included with either of the last two returns.

ELECTIVE RESOLUTIONS (See Note 10)

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box. ☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box. ☐

CERTIFICATE

I certify that the information given in this return is true to the best of my knowledge and belief.

SIGNED

M Bradford

Secretary/Director ☒
(delete as appropriate)

DATE

10/10/08

Cheques should be made payable to the Department of Enterprise, Trade and Investment (DETI)

This return includes Continuation sheets

NO

To whom should Companies Registry direct any enquiries about the information shown in this return?

MARIE Close

Co-ordinator

Survivors of Trauma

151 Cliftonville Rd BT14 6JR.

Tel 02890 749944 Ext _____

2/A

SCHEDULE TO FORM 371s

COMPANY NUMBER: **NI033133**
COMPANY NAME: **SURVIVORS OF TRAUMA LIMITED**

LIST OF PAST AND PRESENT MEMBERS

	Account of Shares			
	Number of shares or amount of stock held by existing members at date of this return	Particulars of shares transferred since date of last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members		Remarks
SHAREHOLDERS NAME ONLY		Number	Date of registration of transfer	

SCHEDULE TO FORM 371s

LIST OF PAST AND PRESENT MEMBERS

[illegible]