



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **14/10/2014**

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Company Name: **THE FOSTER CARE CO-OPERATIVE LIMITED**

Company Number: **03861213**

Date of this return: **12/10/2014**

SIC codes: **88990**
96090

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **PENNY HALL THE HAYSFIELD**
SPRING LANE NORTH
MALVERN
WORCESTERSHIRE
WR14 1GF

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MRS PENELOPE KATHRYN**

Surname: **GREGORY**

Former names: **WILLIAMS**

Service Address: **246A WEST MALVERN ROAD
MALVERN
WORCESTERSHIRE
WR14 4BG**

Company Director 1

Type: **Person**
Full forename(s): **COLONEL RETIRED IAN ANDREW**

Surname: **BRAZIER**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **07/07/1954** Nationality: **BRITISH**

Occupation: **EXECUTIVE DIRECTOR**

Company Director 2

Type: **Person**
Full forename(s): **COLONEL RETIRED IAN ANDREW**

Surname: **BRAZIER**

Former names:

Service Address: **PENNY HALL THE HAYSFIELD
SPRING LANE NORTH
MALVERN
WORCESTERSHIRE
WR14 1GF**

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

Date of Birth: **07/07/1954** *Nationality:* **BRITISH**

Occupation: **EXECUTIVE DIRECTOR**

Company Director **3**

Type: **Person**

Full forename(s): **MR LAURENCE ROLAND**

Surname: **GREGORY**

Former names:

Service Address: **246A WEST MALVERN ROAD
MALVERN
WORCESTERSHIRE
WR14 4BG**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **16/10/1946** *Nationality:* **BRITISH**

Occupation: **SOCIAL SERVICES & NGO
CONSULTA**

Company Director 4

Type: **Person**

Full forename(s): **MRS PENELOPE KATHRYN**

Surname: **GREGORY**

Former names: **WILLIAMS**

Service Address: **246A WEST MALVERN ROAD
MALVERN
WORCESTERSHIRE
WR14 4BG**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **11/05/1944** *Nationality:* **BRITISH**

Occupation: **REGIATRAR OF BIRTHS,DEATS,
MARR**

Company Director **5**

Type: **Person**

Full forename(s): **MR ANTHONY DAVID**

Surname: **POYNER**

Former names:

Service Address: **10 MONTPELIER ROAD
GREAT MALVERN
WORCESTERSHIRE
WR14 4BP**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **24/04/1953** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Company Director **6**

Type: **Person**
Full forename(s): **MR JEREMY JAMES**

Surname: **TUDGE**

Former names:

Service Address: **16 CROFT BANK
WEST MALVERN
WORCESTERSHIRE
WR14 4DT**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **02/08/1945** *Nationality:* **BRITISH**
Occupation: **BUILDING SURVEYOR**

Authorisation

Authenticated

This form was authorised by one of the following:

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