



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: **NI040688**  
Company Name: **TIDES Training and Consultancy**  
Company Type: **2 - NI PR GU - SHR**  
Date: **07/04/2009**

Please mark appropriate box

There were no changes in the period

☐

A list of changes is enclosed

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A full list of members is enclosed

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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

**27/04/2009**

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

**48 ELMWOOD AVENUE  
BELFAST  
BT9 6AZ**

DEPARTMENT OF ENTERPRISE  
TRADE AND INVESTMENT

**27 APR 2009**

POST RECEIVED  
COMPANIES REGISTRY

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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**

**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**  
**SUSAN**  
**MCEWEN**  
**163 BELMONT ROAD**  
**BELFAST**  
**BT4 2AE**

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

8/01/09

Compan

**y Secretary**  
**SEAN MATTHEW**  
**PETTIS**  
**42 ABBEY PARK**  
**BANGOR**  
**CO DOWN**  
**BT20 4BZ**

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

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

Director  
JUDITH  
MORROW  
HILLHOUSE  
BALLYHANWOOD ROAD  
BELFAST  
N IRELAND  
BT5 7SN

DATE OF BIRTH: 15/09/1957  
NATIONALITY: BRITISH  
OCCUPATION: FARMERS WIFE

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

Show any relevant current and previous  
directorships.

Director  
SUSAN  
MCEWEN  
163 BELMONT ROAD  
BELFAST  
CO ANTRIM  
N IRELAND  
BT4 2AE

DATE OF BIRTH: 08/04/1965  
NATIONALITY: BRITISH  
OCCUPATION: COMMUNITY DEVELOPER

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

Show any relevant current and previous  
directorships.

08/01/09

Director  
TREVOR  
WILLIAMS  
313 BALLYSILLAN ROAD  
BELFAST  
BT14 6RD

DATE OF BIRTH: 29/06/1948  
NATIONALITY: IRISH  
OCCUPATION: DIRECTOR

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

Show any relevant current and previous  
directorships.

Director  
MIKE  
MULLAN  
45 RAVENHILL PARK  
BELFAST  
CO ANTRIM  
N IRELAND  
BT6 0DG

DATE OF BIRTH: 06/11/1959  
NATIONALITY: BRITISH  
OCCUPATION: HUMAN RESOURCES MANAGER

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

Show any relevant current and previous  
directorships.

Director  
GARETH  
HIGGINS  
7 KINCRAIG AVENUE  
BELFAST  
BT5 7FX

DATE OF BIRTH: 23/01/1975  
NATIONALITY: BRITISH  
OCCUPATION: WRITER BROADCASTER & CONSULT

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

Show any relevant current and previous  
directorships.

29<sup>th</sup> APRIL 08

Director  
JOANNE LOUISE  
STUART  
7 CARDY ROAD EAST  
GREYABBEY  
NEWTOWNARDS  
CO DOWN  
BT22 2LR

DATE OF BIRTH: 14/04/1965  
NATIONALITY: BRITISH  
OCCUPATION: BUSINESS CONSULTANT

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

Show any relevant current and previous  
directorships.

CLASS	NUMBER	AGGREGATE VALUE
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#### 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

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.

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

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#### CERTIFICATE

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

SIGNED

*Mrs. M. Montague.*

\_\_\_\_\_  
Secretary/Director  
(delete as appropriate)

DATE

23/4/09

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

This return includes  
Continuation sheets \_\_\_\_\_

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

GARY CARPENDALE.

48 Elmwood Avenue.

Belfast

BT9 6AZ

Tel 028 90202026 Ext \_\_\_\_\_

# SCHEDULE TO FORM 371s

COMPANY NUMBER: NI040688

COMPANY NAME: TIDES Training and Consultancy

## LIST OF PAST AND PRESENT MEMBERS

<b><u>PLEASE NOTE</u></b>	Account of Shares			
For Returns dated on or after 1 <sup>st</sup> October 2008 shareholders addresses <b>cannot be accepted</b> . Only shareholders full names should be provided.	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		
		Number	Date of registration of transfer	
SHAREHOLDERS FULL NAME ONLY				



# SCHEDULE TO FORM 371s

## LIST OF PAST AND PRESENT MEMBERS

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SHAREHOLDERS FULL NAME ONLY		Number	Date of registration of transfer	