



Companies House
— for the record —

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **29/09/2011**

XW3BZXY1

Company Name: **FOOTPRINTS TRADING LTD**

Company Number: **NI032950**

Date of this return: **19/09/2011**

SIC codes: **7487**

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

Situation of Registered Office: **84A COLINMILL
POLEGLASS
BELFAST
BT17 0AR**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **PATRICIA ANNE MARIE**

Surname: **FIRTH**

Former names:

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

Company Director ***1***

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

Surname: **BRANIFF**

Former names: **SHANNON**

Service Address: **32 GLENGOLAND AVENUE
BELFAST
BELFAST
ANTRIM
NORTHERN IRELAND
BT17 0HY**

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

Date of Birth: **09/11/1955** *Nationality:* **IRISH**
Occupation: **RETIRED**

Company Director 2

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

Surname: **FERRIS**

Former names:

Service Address: **301 GLEN ROAD
GLEN ROAD ANDERSONSTOWN
BELFAST
ANTRIM
NORTHERN IRELAND
BT11 8BU**

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

Date of Birth: **16/05/1969** *Nationality:* **IRISH**
Occupation: **BUSINESS MANAGER**

Company Director **3**

Type: **Person**

Full forename(s): **MS PATRICIA ANN MARIE**

Surname: **FIRTH**

Former names:

Service Address: **34 COLINBROOK CRESCENT
POLEGLASS
BELFAST
BT17 0PF**

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

Date of Birth: **04/04/1955** *Nationality:* **IRISH**

Occupation: **VOLUNTARY WORKER**

Company Director 4

Type: **Person**

Full forename(s): **MS GILLIAN PATRICIA**

Surname: **GIBSON**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **26/03/1962**

Nationality: **BRITISH**

Occupation: **CENTRE DIECTOR**

Company Director **5**

Type: **Person**

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

Surname: **HOLMES**

Former names:

Service Address: **11 HAZEL VIEW
LAGMORE
BELFAST
ANTRIM
NORTHERN IRELAND
BT17 0WQ**

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

Date of Birth: **08/02/1972** *Nationality:* **IRISH**

Occupation: **ADMINISTRATOR**

Company Director **6**

Type: **Person**
Full forename(s): **MS JOY IRENE**

Surname: **POOTS**

Former names:

Service Address: **27 BRED A DRIVE
BELFAST
CO ANTRIM
BT8 6JU**

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

Date of Birth: **07/04/1961** *Nationality:* **N.IRISH**

Occupation: **MANAGER SURESTART**

Authorisation

Authenticated

This form was authorised by one of the following:

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