



Companies House

**AR01** (ef)

**Annual Return**



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*Company Name:* **FOOTPRINTS TRADING LTD**

*Company Number:* **NI032950**

*Date of this return:* **19/09/2014**

*SIC codes:* **88910**

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

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

**Officers of the company**

*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):* **MRS 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**

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*Company Director*    **3**

*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**

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*Company Director* 4

*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.