Companies House
for the record

AR01 (ef)

Annual Return

X1KJMYR4

Received for filing in Electronic Format on the: **29/10/2012**

Company Name:	**SURVIVORS OF TRAUMA LIMITED**
Company Number:	**NI033133**
Date of this return:	**22/10/2012**
SIC codes:	**86900**
Company Type:	**Private company limited by guarantee**
Situation of Registered Office:	**SURVIVORS OF TRAUMA** **151 CLIFTONVILLE ROAD** **BELFAST** **BT14 6JR**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **MR PATRICK**

Surname: **MURPHY**

Former names:

Service Address: **68 OLDPARK AVENUE**
BELFAST
N. IRELAND
BT14 6HH

Company Director 1

Type: **Person**

Full forename(s): **MRS MARY**

Surname: **BRADFORD**

Former names:

Service Address: **20 BRAMBLEWOOD**
CRUMLIN
BT29 4DG

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

Date of Birth: **12/05/1948** *Nationality:* **IRISH**

Occupation: **HOUSEWIFE**

Company Director 2

Type: **Person**

Full forename(s): **MRS COLLEEN**

Surname: **FITZPATRICK**

Former names:

Service Address: **6 WOODLAND AVENUE**
BELFAST
BT14 6BY

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

Date of Birth: **19/02/1971** *Nationality:* **IRISH**

Occupation: **POSTAL WORKER**

Company Director 3

Type: **Person**

Full forename(s): **MR STEWART**

Surname: **JOSEPH**

Former names:

Service Address: **7 SOMERTON CLOSE**
BELFAST

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

Date of Birth: **28/02/1954** *Nationality:* **IRISH**

Occupation: **BUILDER**

Company Director 4

Type: **Person**

Full forename(s): **MR PAUL**

Surname: **MAGUIRE**

Former names:

Service Address: **1 THIRLMERE GDNS**
BELFAST
CO ANTRIM
BT15 5EF

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

Date of Birth: **18/06/1948** *Nationality:* **IRISH**

Occupation: **UNEMPLOYED**

Company Director 5

Type: **Person**

Full forename(s): **MRS CATHERINE**

Surname: **MCNALLY**

Former names:

Service Address: **13 NORFOLK GARDENS**
BELFAST
CO. ANTRIM
N. IRELAND
BT11 8DD

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

Date of Birth: **26/02/1945** *Nationality:* **IRISH**

Occupation: **HOUSEWIFE**

Company Director 6

Type: **Person**

Full forename(s): **MR PATRICK**

Surname: **MURPHY**

Former names:

Service Address: **68 OLDPARK AVENUE**
BELFAST
N. IRELAND
BT14 6HH

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

Date of Birth: **16/03/1961** *Nationality:* **IRISH**

Occupation: **SCHOOL TEACHER**

Company Director 7

Type: **Person**

Full forename(s): **MRS ANN**

Surname: **ROWAN**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **24/04/1949** *Nationality:* **IRISH**

Occupation: **RETIRED**

Authorisation

Authenticated

This form was authorised by one of the following:

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