



Companies House
— for the record —

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **18/11/2012**

X1LZ6SRM

Company Name: **THE SOUTH AND VALE CARERS CENTRE**

Company Number: **02989722**

Date of this return: **14/11/2012**

SIC codes: **96090**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **5 LYDALLS ROAD
DIDCOT
OXFORDSHIRE
OX11 7HX**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MRS DOREEN ANN**

Surname: **PINNELL**

Former names:

Service Address: **CROSSWINDS
DUNSOMER HILL N MORETON
DIDCOT
OXFORDSHIRE
OX11 9AP**

Company Director 1

Type: **Person**
Full forename(s): **MRS JEAN ELIZABETH**

Surname: **BRADLOW**

Former names: **ROY**

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **07/06/1949** Nationality: **ENGLISH**

Occupation: **RETIRED**

Company Director 2

Type: **Person**

Full forename(s): **MARGARET**

Surname: **CUMBERLAND**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **27/08/1953**

Nationality: **ENGLISH**

Occupation: **NOT IN EMPLOYMENT**

Company Director **3**

Type: **Person**

Full forename(s): **ROBERT LISTER OTTO**

Surname: **ELY**

Former names:

Service Address: **17 PENSTONES COURT
MARLBOROUGH LANE
STANFORD IN THE VALE
OXFORDSHIRE
SN7 8SW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **26/10/1930**

Nationality: **BRITISH**

Occupation: **RETIRED**

Company Director 4

Type: **Person**

Full forename(s): **MRS LESLEY WINIFRED**

Surname: **LEGGE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **30/05/1943**

Nationality: **ENGLISH**

Occupation: **NOT IN EMPLOYMENT**

Company Director **5**

Type: **Person**

Full forename(s): **MRS SOPHIA BRIDGET**

Surname: **NICHOLLS**

Former names:

Service Address: **65 ST HELENS AVENUE
BENSON
OXFORDSHIRE
OX10 6RU**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **02/05/1966**

Nationality: **BRITISH**

Occupation: **PODIATRIST**

Company Director **6**

Type: **Person**

Full forename(s): **DAVID**

Surname: **ROUANE**

Former names:

Service Address: **1 EAST STREET
DIDCOT
OXFORDSHIRE
OX11 8EJ**

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

Date of Birth: **01/09/1963**

Nationality: **BRITISH**

Occupation: **ACCOUNTANT**

Company Director 7

Type: **Person**

Full forename(s): **MR CHRISTOPHER JOHN**

Surname: **WILLIAMS**

Former names:

Service Address: **4 KENILWORTH ROAD
CUMNOR
OXFORD
OXON
OX2 9QP**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **29/08/1934**

Nationality: **BRITISH**

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.