



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: 06/01/2016

X4Y1ZDG0

---

*Company Name:* **Mobbs Memorial Trust Limited**

*Company Number:* **00571785**

*Date of this return:* **29/12/2015**

*SIC codes:* **88990**

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

*Situation of Registered Office:* **VICTORIA HOUSE 26 QUEEN VICTORIA STREET  
READING  
BERKSHIRE  
UNITED KINGDOM  
RG1 1TG**

**Officers of the company**

*Company Director* 1

*Type:* **Person**  
*Full forename(s):* **MRS SANDRA JANE**

*Surname:* **GREENSLADE**

*Former names:*

*Service Address:* **WOOD EDGE COTTAGE BOLNEY ROAD  
SHIPLAKE  
OXFORDSHIRE  
UNITED KINGDOM  
RG9 3NT**

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

*Date of Birth:* **\*\*/01/1960**                      *Nationality:* **BRITISH**

*Occupation:* **COMPANY DIRECTOR**

---

*Company Director* 2

*Type:* **Person**

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

*Surname:* **MOBBS**

*Former names:*

*Service Address:* **WEIR FARM LOWER ROAD BLACKTHORN  
BICESTER  
OXFORDSHIRE  
UNITED KINGDOM  
OX25 1TG**

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

*Date of Birth:* **\*\*/11/1965**

*Nationality:* **BRITISH**

*Occupation:* **MANAGER**

---

*Company Director* 3

*Type:* **Person**

*Full forename(s):* **DR CHARLES NOEL ARKLESS**

*Surname:* **MOBBS**

*Former names:*

*Service Address:* **CYPRESS COTTAGE 89ST.JOHNS ROAD  
NEWPORT  
ISLE OF WIGHT  
UNITED KINGDOM  
PO30 1LS**

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

*Date of Birth:* **\*\*/10/1944** *Nationality:* **BRITISH**

*Occupation:* **MEDICAL PRACTITIONER**

---

*Company Director* 4

*Type:* **Person**  
*Full forename(s):* **MR ALEXANDER NOEL PETER**

*Surname:* **MOBBS**

*Former names:*

*Service Address:* **71A GAISFORD STREET  
LONDON  
UNITED KINGDOM  
NW5 2EE**

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

*Date of Birth:* **\*\*/12/1976**                      *Nationality:* **BRITISH**  
*Occupation:* **MUSICIAN/TEACHER**

### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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