



Companies House
— for the record —

AR01 (ef)

Annual Return



XNEHLU82

Received for filing in Electronic Format on the: **18/05/2011**

Company Name: **DEAFBLIND U.K.**

Company Number: **02426281**

Date of this return: **25/04/2011**

SIC codes: **8532**

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

Situation of Registered Office: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **DIANE**

Surname: **STONEHOUSE**

Former names:

Service Address: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

Company Director **1**

Type: **Person**

Full forename(s): **SARAH ELIZABETH**

Surname: **ARNULL HENRY**

Former names:

Service Address: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

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

Date of Birth: **04/02/1953**

Nationality: **BRITISH**

Occupation: **RETIRED**

Company Director 2

Type: **Person**

Full forename(s): **DAVID THOMAS**

Surname: **EVANS**

Former names:

Service Address: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

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

Date of Birth: **09/10/1947**

Nationality: **BRITISH**

Occupation: **CONSULTANCY**

Company Director **3**

Type: **Person**

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

Surname: **LISTER**

Former names:

Service Address: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

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

Date of Birth: **28/04/1940**

Nationality: **BRITISH**

Occupation: **RETIRED**

Company Director 4

Type: **Person**

Full forename(s): **ROSEMARY ADA**

Surname: **SANDFORD**

Former names:

Service Address: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

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

Date of Birth: **18/04/1939** *Nationality:* **BRITISH**

Occupation: **FREELANCE WRITER**

Company Director **5**

Type: **Person**

Full forename(s): **PETER**

Surname: **SKIVINGTON**

Former names:

Service Address: **NATIONAL CENTRE FOR
DEAFBLINDNESS JOHN & LUCILLE VAN
GEEST PLACE CYGNET ROAD HAMPTON
PETERBOROUGH
PE7 8FD**

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

Date of Birth: **29/01/1948** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

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