



COMPANIES HOUSE

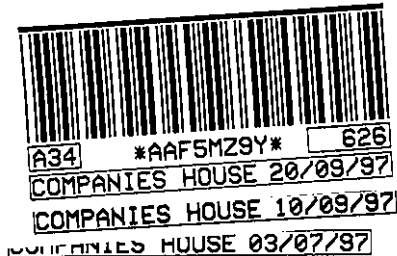
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215 TSB
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Annual Return

Please return to

THE REGIST
COMPANIES
CROWN WAY
CARDIFF
CF4 3UZ



of company number **CN** 2704190

L

company name
CHAPELTOWN COMMUNITY NURSERY

This form should be completed in black.

Date of this return (See note 1)

The information in this return should be made up to a date not later than

If you are making the return up to an earlier date please show the date here.

Date of next return (See note 2)

If you wish to make your next return to a date earlier than the anniversary of this return, please show the date here. Companies House will then send a form at the appropriate time.

Registered Office (See note 3)

This is the address registered by Companies House as at 20/06/97

REGINALD STREET
CHAPLETOWN
LEEDS
LS7 3HL

Principal business activities

(See note 4)

Show trade classification code number for principal activity or activities.

If the code number cannot be determined give a brief description of principal activity.

Day Month Year

DA 0 6 0 4 9 7

DB

Use this space to notify a change of registered office address.

RO

Post Town

County/Region

Postcode

PA 8 0 2 1

Register of members*(See note 5)*

If the register of members is not kept at the registered office, state here where it is kept.

RM

Post Town _____

County/Region _____

Postcode _____

Register of Debenture holders*(See note 6)*

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

RD

Post Town _____

County/Region _____

Postcode _____

Company type *(See note 7)*

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

T1**T2****T3** ☒**T4****T5****T6****T7***Please mark the appropriate box***Company Secretary** *(See note 8)**(Please photocopy this area to provide details of joint secretaries)*

Name _____ *Style/Title _____

Forenames _____

Surname _____

*Honours etc _____

Previous forenames _____

Previous surname _____

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

* Voluntary details

Details of a new company secretary **must** be notified on form 288.**CS**

MS

ELEANOR

CHITHAM

AD

21 NEWTON VIEW

LEEDS

Post Town

LEEDS

County/Region

YORKSHIRE

Postcode

LS7 4JD.

Country

ENGLAND.

Directors (continued)

(See note 8)

Name *Style/Title
Forenames
Surname
*Honours etc
Previous forenames
Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth
Business occupation
Other directorships

Details of new directors must be notified on form 288

CD	MS
ELIZABETH	
CAREY	
AD	FLAT 6
301 CHAPELTOWN RD LEEDS	
Post Town	LEEDS.
County/Region	YORKSHIRE
Postcode	
Country	ENGLAND.
Day Month Year	
DO	06 08 53
Nationality	NA BRITISH.
OC	SHOEMAKER
OD	MADE TO LAST LTD.

Name *Style/Title
Forenames
Surname
*Honours etc
Previous forenames
Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth
Business occupation
Other directorships

CD	MS
ELEANOR	
CHUTHAM	
AD	21 NEWTON VIEW.
LEEDS.	
Post Town	LEEDS.
County/Region	YORKSHIRE
Postcode	LS7 4JH
Country	ENGLAND.
Day Month Year	
DO	30 06 65
Nationality	NA BRITISH.
OC	LECTURER
OD	—

* Voluntary details

Directors (continued)

(See note 8)

Name *Style/Title
 Forenames
 Surname
 *Honours etc
 Previous forenames
 Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth
 Business occupation
 Other directorships

Details of new directors **must** be notified on form 288**CD****AD**

Post Town

County/Region

Postcode

Country

Day Month Year

DO

Nationality

NA**OC****OD**

Name *Style/Title
 Forenames
 Surname
 *Honours etc
 Previous forenames
 Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth
 Business occupation
 Other directorships

CD**AD**

Post Town

County/Region

Postcode

Country

Day Month Year

DO

Nationality

NA**OC****OD**

* Voluntary details

Directors (See note &)

Please list directors in alphabetical order

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

Details of new directors must be notified on form 288

CD

MS

CAROLE LOUISE

FATHALIZADEH.

DUFTON.

AD

85 HAREHILLS LANE

Post Town LEEDS.

County/Region YORKSHIRE

Postcode LS7 4HA

Country ENGLAND.

Day Month Year

DO

23 01 61

Nationality **NA** BRITISH.**OC**

UNEMPLOYED.

OD

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

* Voluntary details

CD

MS

MARIA

NALTY

AD

352 MEANWOOD RD

Post Town LEEDS

County/Region YORKSHIRE.

Postcode LS7 2JF

Country ENGLAND

Day Month Year

DO

11 11 62

Nationality **NA** IRISH.**OC**

NONE

OD

Issued share capital

(See note 9)

Enter details of all the shares in issue at the date of this return.

Class	Number	Aggregate Nominal Value
Totals		

Please mark the appropriate box(es)

There were no changes in the period ☒

on paper not on paper

A list of changes is enclosed ☐ ☐

A full list of members is enclosed ☐ ☐

List of past and present members

(See note 10)

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

The last full members list was at

Elective resolutions

(See note 11)

(Private companies only)

If an election is in force at the date of this return to dispense with annual general meetings, *mark this box.* ☐

If an election is in force at the date of this return to dispense with laying accounts in general meetings, *mark this box.* ☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

I enclose the fee of **£15.**

Signed

Elizabeth Carey

Secretary/Director *
(* delete as appropriate)

Date

25.6.97

This return includes

1

(enter number)

continuation sheets.

To whom should Companies House direct any enquiries about the information shown in this return?

LIZ CAREY60 CHAPELTOWN COMMUNITY NURSERY
REGINALD STR.LEEDS

Postcode

LS7 3HL

Telephone

013.2374696.

Extension

Check List

Have you included - your principal business activity code?

- dates of birth of all directors?

- a signature of either a director or secretary?

- a members list (if required)?

- a cheque made payable to Companies House?

