



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **21/11/2014**

X3L4NHHN

Company Name: **THE CENTRE FOR COMPLEMENTARY CARE,ESKDALE**

Company Number: **02757864**

Date of this return: **22/10/2014**

SIC codes: **86900**

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

Situation of Registered Office: **THE CHASE
MUNCASTER
RAVENGLASS
CUMBRIA
CA18 1RD**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MOIRA KAREN**

Surname: **BRIGGS**

Former names:

Service Address: **BRIDGE END HOUSE BRAYSTONES
BECKERMET
CUMBRIA
ENGLAND
CA21 2YL**

Company Director 1

Type: **Person**
Full forename(s): **DR BERNARD**

Surname: **COURTNEY**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **21/11/1951** Nationality: **BRITISH**
Occupation: **RETIRED**

Company Director **2**

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

Surname: **COURTNEY**

Former names:

Service Address: **PENDLESIDE SKELSCEUGH ROAD**
 WINDER
 FRIZINGTON
 CUMBRIA
 CA26 3UE

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

Date of Birth: **06/05/1954** *Nationality:* **BRITISH**
Occupation: **MEDICAL SECRETARY**

Company Director **3**

Type: **Person**

Full forename(s): **RACHAEL**

Surname: **POLKINGHORNE**

Former names:

Service Address: **MOUNT VIEW THE HEADLANDS
KESWICK
CUMBRIA
UNITED KINGDOM
CA12 5EH**

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

Date of Birth: **29/12/1967** *Nationality:* **BRITISH**

Occupation: **INTERIOR DESIGNER**

Company Director 4

Type: **Person**
Full forename(s): **DR DOMINIC**

Surname: **RHODES**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **27/04/1965** *Nationality:* **BRITISH**

Occupation: **ENGINEER**

Company Director **5**

Type: **Person**

Full forename(s): **TIMOTHY JAMES**

Surname: **SOWTON**

Former names:

Service Address: **LOW HALL
BLINDBOTHEL
COCKERMOUTH
CUMBRIA
CA13 0RE**

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

Date of Birth: **21/08/1960** *Nationality:* **BRITISH**

Occupation: **MEDICAL DOCTOR**

Company Director **6**

Type: **Person**
Full forename(s): **MS CLAUDIA JANE**

Surname: **STAECHMANN**

Former names:

Service Address: **12 FELLFIELD WAY
PARKSIDE
STAFFORD
STAFFORDSHIRE
ST16 1TN**

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

Date of Birth: **16/08/1972** *Nationality:* **BRITISH**
Occupation: **PROJECT MANAGER**

Authorisation

Authenticated

This form was authorised by one of the following:

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