



COMPANIES HOUSE

THE REGISTRAR OF COMPANIES
COMPANIES HOUSE
CROWN WAY
CARDIFF
CF4 3UZ



A28 *A725NGJA* 206
COMPANIES HOUSE 22/05/99

This form should be completed in black.

The information printed below is taken from Companies House records as at 10/03/99
If this information requires amendment use the spaces opposite.

Date of this return (See note 1)

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

Day	Month	Year
24	03	99

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.

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

Day	Month	Year

Day	Month	Year

Registered Office (See note 3)

This is the address registered by Companies House.

THE VILLAGE CENTRE
HIGH STREET
STAPLEHURST
KENT TN12 0BJ

.....
.....
.....
.....

Principal business activities (See note 4)

Trade classification is
8514 OTHER HUMAN HEALTH ACTIVITIES

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

If the code cannot be determined from the notes, give a brief description of principal activity.

NW
IS
601752

363s

Annual Return

of company number 02803242

C

company name
KENT AIR AMBULANCE TRUST

company type
PRIVATE COMPANY LIMITED BY GUARANTEE
EXEMPT UNDER SECTION 30

02803242

If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

Register of members (See note 5)

The register is kept at

REGISTERED OFFICE

Register of debenture holders (See note 6)

Any register of debenture holders (or duplicate) is kept at

Company Secretary (See note 7)

Particulars of a new secretary **must** be notified on form 288.

KATHLEEN
CHIVERS
55 CORNWALL ROAD
BEXHILL ON SEA
EAST SUSSEX TN39 3JN

Day Month Year

--	--	--

Date of any change.

If this person has ceased to be secretary, please state when.

Day Month Year

--	--	--

Date of resignation.

Directors (See note 7)

Particulars of a new director **must** be notified on form 288.

DAVID ELWYN
BARTON
CHART ROAD
SUTTON VALENCE
MAIDSTONE
KENT ME17 3AW

Day Month Year

--	--	--

Date of any change.

Date of Birth:- 06/02/58
Nat:BRITISH
Occ:SOLICITOR

If this person has ceased to be director, please state when.

Day Month Year

--	--	--

Date of resignation.

Show any relevant current and previous directorships.

02803242

If the information shown needs amendment, give details below and the date of any change.

Directors - continued

Particulars.

JOHN PATRICK
BEAVIS
36 PRIESTFIELDS
ROCHESTER
KENT ME1 3AG

Date of Birth:- 08/06/40
Nat:BRITISH
Occ:ORTHOPAEDIC ACCIDENT SURGEON

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day Month Year

--	--	--

Date of any change.

Day Month Year

--	--	--

Date of resignation.

Particulars.

EDWIN ROY PRATT
BOORMAN
MA
REDHILL FARM 339 RED HILL
WATERINGBURY
MAIDSTONE
KENT ME18 5LB

Date of Birth:- 07/11/35
Nat:BRITISH
Occ:CHAIRMAN KENT MESSENGER

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day Month Year

--	--	--

Date of any change.

Day Month Year

--	--	--

Date of resignation.

Particulars.

JAMES REGINALD
LATHAM
THORNFIELD COTTAGE
28A ROSS GARDENS ROUGH COMMON
CANTERBURY
KENT CT2 9BZ

Date of Birth:- 06/03/44
Nat:BRITISH
Occ:FREELANCE JOURNALIST

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day Month Year

1	0	1	2	9	8
---	---	---	---	---	---

Date of resignation.

02803242

If the information shown needs amendment, give details below and the date of any change.

Directors - continued

Particulars.

DR
BHARGAWA
VASUDAVEN
359 SINGLEWELL ROAD
GRAVESEND
KENT DA11 7RZ

Date of Birth:- 14/08/54
Nat:BRITISH
Occ:GENERAL MEDICAL PRACTITIONER

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day Month Year

--	--	--

Date of any change.

Day Month Year

--	--	--

Date of resignation.

Particulars.

DONALD ALLAN
WADE
HILL VIEW WORKHOUSE LANE
EAST FARLEIGH
MAIDSTONE
KENT ME15 0QB

Date of Birth:- 12/01/48
Nat:BRITISH
Occ:MANAGEMENT CONSULTANT

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day Month Year

--	--	--

Date of any change.

Day Month Year

--	--	--

Date of resignation.

Particulars.

DONALD JOHN
WRIGHT
2 PENNINE WAY DOWNSWOOD
MAIDSTONE
KENT NE15 8UG

Date of Birth:- 30/08/45
Nat:BRITISH
Occ:BANK MANAGER

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day Month Year

--	--	--

Date of resignation.

If the information shown needs amendment, give details below and the date of any change.

Directors - continued

Particulars.

Day Month Year

--	--	--

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please state when.

Day Month Year

--	--	--

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

--	--	--

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please state when.

Day Month Year

--	--	--

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

--	--	--

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please state when.

Day Month Year

--	--	--

Date of resignation.

Show any relevant current and previous directorships.

Elective resolutions (See note 10)
(Private companies only)

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

If an elective resolution 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.

Cheques should be made payable to **Companies House**.

Signed

K. Chivers

Secretary/Director *
*(delete as appropriate)

Date

19/05/99

This return includes

NONE

continuation sheets.

(enter number)

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

KATE CHIVERS

KENT AIR AMBULANCE TRUST

THE VILLAGE CENTRE

HIGH STREET

STAPLEHURST

KENT

Postcode *TN12 0BJ*

Telephone *01580 893555* Ext