Companies House
for the record

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **05/12/2012**

X1N4M1V5

Company Name:	**HALE HEALTH ACTION LOCAL ENGAGEMENT**
Company Number:	**06443243**
Date of this return:	**30/11/2012**
SIC codes:	**86900**
Company Type:	**Private company limited by guarantee exempt under section 60**
Situation of Registered Office:	**1ST FLOOR MERCHANTS QUAY** **ASHLEY LANE** **SHIPLEY** **WEST YORKSHIRE** **UNITED KINGDOM** **BD17 7DB**

Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

1ST FLOOR
MERCHANTS QUAY ASHLEY LANE
SHIPLEY
YORKSHIRE
UNITED KINGDOM
BD17 7DB

There are no records kept at the above address

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): **MRS CHRISTINE JILLIAN**

Surname: **FLECKNOE**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **05/06/1950** *Nationality:* **BRITISH**
Occupation: **RETIRED LOCAL GOVERNMENT OFFICER**

Company Director 2

Type: **Person**

Full forename(s): **HELENA JANE**

Surname: **HUGHES**

Former names:

Service Address: **168 MANOR LANE**
SHIPLEY
WEST YORKSHIRE
BD18 3RR

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

Date of Birth: **06/12/1970** *Nationality:* **BRITISH**

Occupation: **PERFORMANCE MGR**

Company Director 3

Type: **Person**
Full forename(s): **MS ANNA**

Surname: **LAYCOCK**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **19/03/1980** *Nationality:* **BRITISH**
Occupation: **COMMUNICATIONS WORKER**

Company Director 4

Type: **Person**
Full forename(s): **MR GRAHAM DAVID**

Surname: **MOORE**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **09/05/1963** *Nationality:* **BRITISH**
Occupation: **REGISTERED NURSE**

Company Director 5

Type: **Person**

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

Surname: **PITTS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **GREAT BRITAIN**

Date of Birth: **09/06/1978** *Nationality:* **BRITISH**

Occupation: **TEAM CORORDINATOR**

Authorisation

Authenticated

This form was authorised by one of the following:

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