



Companies House
— for the record —

AR01 (ef)

Annual Return



XMYSOO7S

Received for filing in Electronic Format on the: **13/10/2010**

Company Name: **EUROPEAN DISASTER VOLUNTEERS**

Company Number: **06985659**

Date of this return: **08/08/2010**

SIC codes: **9133**

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

Situation of Registered Office: **17 CHAPEL STREET
ENDERBY
LEICESTERSHIRE
LE19 4NE**

Officers of the company

Company Director ***I***

Type: **Person**
Full forename(s): **ANDREW NEIL**

Surname: **CHAGGAR**

Former names:

Service Address: **17 CHAPEL STREET
ENDERBY
LEICESTERSHIRE
ENGLAND
LE19 4NE**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **20/03/1977** *Nationality:* **BRITISH**
Occupation: **ENGINEER AID WORKER**

Company Director 2

Type: **Person**

Full forename(s): **SARAH**

Surname: **HUGHES**

Former names:

Service Address: **85 OLD ROAD
OLD HARLOW
ESSEX
CM17 0HF**

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

Date of Birth: **13/02/1973**

Nationality: **BRITISH**

Occupation: **HR**

Company Director **3**

Type: **Person**
Full forename(s): **ELIZABETH RUTH**

Surname: **PRICE**

Former names:

Service Address: **62B ENGLEFIELD ROAD
LONDON
N1 4HA**

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

Date of Birth: **29/03/1980** *Nationality:* **BRITISH**
Occupation: **CHARITY MANAGER**

Company Director 4

Type: **Person**

Full forename(s): **BEN**

Surname: **SMITH**

Former names:

Service Address: **17 CHAPEL STREET
ENDERBY
LEICESTERSHIRE
LE19 4NE**

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

Date of Birth: **16/08/1979**

Nationality: **BRITISH**

Occupation: **HEALTH & SOCIAL CARE
POLICY**

Company Director **5**

Type: **Person**

Full forename(s): **EMMA**

Surname: **TAYLOR**

Former names:

Service Address: **222 SOUTHPORT WOODS DRIVE
SOUTHPORT
CT
USA
06890**

Country/State Usually Resident: **USA**

Date of Birth: **02/07/1985**

Nationality: **AMERICAN**

Occupation: **CHILD CARE**

Authorisation

Authenticated

This form was authorised by one of the following:

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