



Appointment of Director

Company Name: **Family Foster Care (Regional) Limited**

Company Number: **07150099**



Received for filing in Electronic Format on the: **23/08/2022**

XBB1G22B

New Appointment Details

Date of Appointment: **14/06/2022**

Name: **DONNA TURNER**

The company confirms that the person named has consented to act as a director.

Service Address: **UNIT 16A TOP BARN BUSINESS CENTRE WORCESTER
ROAD
HOLT HEATH
WORCESTER
WORCESTERSHIRE
UNITED KINGDOM
WR6 6NH**

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

Date of Birth: ****/07/1976**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor