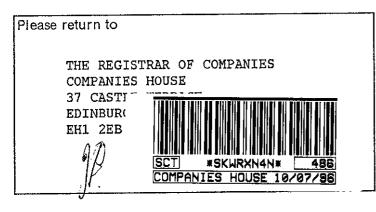


## COMPANIES HOUSE

L



Annual Return

of company number CN SC097502

company name

Day

Postcode

DA

FIFE ALCOHOL ADVISORY SERVICE

Month

016

This form should be completed in black.

#### Date of this return(See note 1)

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

If you are making the return up to an earlier date please show the date here.

#### 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.

# lier ne n at DB

Year

916

#### Registered Office(See note 3)

This is the address registered by Companies House as at 04/06/96

17 TOLBOOTH STREET KIRKCALDY FIFE KY1 1RW

Use this space to notify a change	of registered office address.
RO	
	·
Post Town	
County/Region	

### Principal business activities

(See note 4)

Show trade classification code number for principal activity or activities.

If the code number cannot be determined give a brief description of principal activity.

	 I				
PA		1		i	
	 		 <del></del>		
1	ŀ	1 11	1	1	

CHARITABLE ORGANISATION OFFERING COUNSELLING TO PROBLEM DRINKERS, THEIR FAMILY AND FRIENDS.

(See note 5)

If the register of members is not kept at the registered office, state here where it is kept.

RM	;	·		
Post Town .	 			
County/Region	 		· .	
Postcode		****		

#### Register of Debenture holders

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

RD	·
Post Town	
County/Region	
Postcode	

### Company type(See note 7)

Public limited company . . . .

Private company limited by shares .

Private company limited by guarantee without share capital . . .

Private company limited by shares exempt under section 30 . . . . . .

Private company limited by guarantee exempt under section 30 .

Private unlimited company with share capital . . . . . . . . . . . . . . . . . .

Private unlimited company without 

**Company Secretary**(See note 8) (Please photocopy this area to provide details of joint secretaries) \*Style/Title

Surname

# T1 **T5** T6 **T7**

Please mark the appropriate box

# Name

Forenames

\*Honours etc

Previous forenames

Previous surname

# **Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Voluntary details

CS	of a new MR	/ compan	y secretary	/ <b>must</b> b	e notified on for	m 288.
•	HUGH	l Mi	ACBONF	ILD		
·	FISH	ER		· · · · · · · · · · · · · · · · · · ·		
-						
	·			···········		
AD	· · · · · · · · · · · · · · · · · · ·	····	<del></del>			
<del></del>		134	KINGH	HORN	ROAD	
Pos	t Town	BUR	NTISL	AND		
County/	Region _	FIF	=			er e
Po	stcode _	KY3	950	Country	SCOTLAI	UD

0007/304	
Directors (See note 8) Please list directors in alphabetical	Details of new directors must be notified on form 288
order Name *Style/Title	CD
Forename	JOHN CHARLES
Surnam	BALFOUR
*Honours et	
Previous forename	s
Previous surnam	e
Address	AD KIRKFORTHAR HOUSE
Usual residential address must be	
given. In the case of a corporation, give the registered or principal office address.	
principal office address.	County/Region FIFE
	Postcode KY7 6LS Country SCOTLAND
Date of birt	Day Month Year  DO 2 8 0 7 1 9  Nationality NA BRITISH
Business occupatio	[=] = nouse (Ontired)
Other directorship	OP JOTIONAL AIRS TRUST: EALLIANN FARMS
·	AXJ BOWEN Y CO LTD; THE SCOTTISH COUNCIL ON ALCOHOL
Name *Style/Titl	l II
Forename	BRODIE
Surnam	e BROBIC
*Honours e	
Previous forename	esU
Previous surnan	]
Address	AD OUTST STROUS PLACE
given. III the case	11
corporation, give the registered o principal office address.	11
	County/Region FIFE
	Postcode KYI IUR * Country SCOTLAND  Day Month Year
Date of bir	TO DO DE TO DE TO SEA POITISH
Business occupation	on oc RETIRED
Other directorship	OD OD
* Voluntary details	

SANDRA HAMILTON, DIRECTOR,

FIFE ALCOHOL ADVISORY SERVICE,

17 TOLBOOTH STREET, KIRKCALDY

FIFE Postcode KY1 IRW

Telephone 01592 206200 Extension —

Check List Have you included

- Have you included your principal business activity code?
  - dates of birth of all directors?
  - a signature of either a director or secretary?
  - a members list (if required)?
  - a cheque made payable to Companies House?

Directors (	continued)	Details of new directors must be notified on form 288
(See note 8)	*Style/Title	CD MRS
Name	·	LYNN NORMA
	Forenames	MASSON
	Surname	
	*Honours etc	
	Previous forenames	
	Previous surname	AD
Address		
given. In	tial address must be the case of a	13 GLENEAGLES AVENUE
corporation, g principal office	vive the registered or eaddress.	Post Town GLENROTHES
		County/Region FIFE
		Postcode KY6 2QA Country SCOTLAND  Day Month Year
	Date of birth	DO 3 10 0 15 5 17 Nationality NA BRITISH
	Business occupation	OC COUNSELLOR
	Other directorships	OD
	,	
Name	*Style/Title	СВ
Name	*Style/Title Forenames	ROBERT JOHN
Name	·	1
Name	Forenames	ROBERT JOHN
Name	Forenames Surname	ROBERT JOHN
Name	Forenames Surname *Honours etc	ROBERT JOHN
Name Address	Forenames Surname *Honours etc Previous forenames	ROBERT JOHN
Address Usual resident	Forenames Surname *Honours etc Previous forenames Previous surname	ROBERT JOHN MILLAR
Address Usual resident given. In corporation, g	Forenames Surname *Honours etc Previous forenames Previous surname tial address must be the case of a live the registered or	ROBERT JOHN  MILLAR  AD  8 MELQUND PLACE
Address Usual resident given. In	Forenames Surname *Honours etc Previous forenames Previous surname tial address must be the case of a live the registered or	ROBERT JOHN  MILLAR  AD  8 MELGUND PLACE  Post Town LOCHGELLY
Address Usual resident given. In corporation, g	Forenames Surname *Honours etc Previous forenames Previous surname tial address must be the case of a live the registered or	ROBERT JOHN  MILLAR  AD  8 MELGUND PLACE  Post Town LOCHGELLY  County/Region FIFE
Address Usual resident given. In corporation, g	Forenames Surname *Honours etc Previous forenames Previous surname tial address must be the case of a live the registered or	ROBERT JOHN  MILLAR  AD  8 MELQUND PLACE  Post Town LOCHGELLY  County/Region FIFE  Postcode KY5 9QY Country SCOTLAND  Day Month Year
Address Usual resident given. In corporation, g	Forenames Surname *Honours etc Previous forenames Previous surname tial address must be the case of a live the registered or	ROBERT JOHN  MILLAR  AD 8 MELGUND PLACE  Post Town LOCHGELLY  County/Region FIFE  Postcode KY5 9QY Country Scotland
Address Usual resident given. In corporation, g principal office	Forenames  Surname  *Honours etc  Previous forenames  Previous surname  tial address must be the case of a live the registered or se address.	ROBERT JOHN  MILLAR  AD  8 MELQUND PLACE  Post Town LOCHGELLY  County/Region FIFE  Postcode KY5 9QY Country SCOTLAND  Day Month Year
Address Usual resident given. In corporation, g principal office	Forenames  Surname  *Honours etc  Previous forenames  Previous surname  tial address must be the case of a give the registered or a address.  Date of birth	ROBERT JOHN  MILLAR  AD 8 MELGUND PLACE  Post Town LOCHGELLY  County/Region FIFE  Postcode KY5 9QY Country SCOTLAND  Day Month Year  DO 2 8 0 2 5 4  Nationality NA BRITISH
Address Usual resident given. In corporation, g principal office	Forenames  Surname  *Honours etc  Previous forenames  Previous surname  tial address must be the case of a live the registered or se address.  Date of birth  Business occupation  Other directorships	ROBERT JOHN  MILLAR  AD 8 MELQUND PLACE  Post Town LOCHGELLY  County/Region FIFE  Postcode KY5 9QY Country SCOTLAND  Day Month Year  DO 2 8 0 2 5 4 Nationality NA BRITISH  OC SOLICITOR

Surname  *Honours etc  Previous forenames  Previous surname  Address  Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth  Business occupation  Other directorships  CURISTOPHER  SMITH  SMITH  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  Country/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 2 0 2 5 17 Nationality NA BRITISH  OC DENELOPMENT OFFICER	Directors (continued)	Details of new directors must be notified on form 288
Surname  'Honours etc  Previous forenames  Previous surname  Address  Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth  Business occupation  Other directorships  CHRISTOPHER  SMITH  SMITH  SMITH  SMITH  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 2 0 2 5 7 Nationality NA BRITISH  OC DENELOPMENT OFFICER	(See note 8)  *Style/Title	CD
Surname  *Honours etc  Previous forenames  Previous surname  Address  Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth  Business occupation  Other directorships  SMITH  British  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DOI 1/2 0/2 5/7 Nationality NA BRITISH  OC DENELOPMENT OFFICER	•	CHRISTOPHER
*Honours etc  Previous forenames  Previous surname  Address  Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth  Business occupation  Other directorships  Previous surname  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 2 0 2 5 7 Nationality NA BRITISH  OC DENELOPMENT OFFICER  OD		
Previous forenames Previous surname  Address  Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth Business occupation Other directorships  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 12 0 12 5 17 Nationality NA BRITISH  OC BENELOPMENT OFFICER  OD		
Address  Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth  Business occupation Other directorships  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 12 0 12 517 Nationality NA BRITISH  OC DENELOPMENT OFFICER  OD		
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.  Date of birth  Business occupation  Other directorships  BRAESIDE COTTAGE  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 12 0 2 5 17 Nationality NA BRITISH  OC DENELOPMENT OFFICER		
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.    BRAESIDE COTTAGE		An .
given. In the case of a corporation, give the registered or principal office address.  Post Town NEWTON OF FALKLAND  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 2 0 2 5 7 Nationality NA BRITISH  OC DENELOPMENT OFFICER  OD		11
Date of birth Business occupation Other directorships  County/Region FIFE  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  DO 1 2 0 2 5 7 Nationality NA BRITISH  OC DEVELOPMENT OFFICER  OD	given. In the case of a	
Date of birth Business occupation Other directorships  Postcode KY7 7RZ Country SCOTLAND  Day Month Year  Nationality NA BRITISH  OC DENELOPMENT OFFICER  OD	•	
Date of birth  Business occupation Other directorships  Day Month Year  DO 1 2 0 2 5 7  Nationality NA BRITISH  OC DEVELOPMENT OFFICER  OD		
Date of birth Business occupation Other directorships  DO 1 2 0 2 5 7  Nationality NA BRITISH  OC DEVELOPMENT OFFICER  OD		· ·
Other directorships	Date of birth	
	Business occupation	OC DEVELOPMENT OFFICER
Nome *Style/Title CD	Other directorships	OD
Name *Style/Title CD		
Name *Style/Title CD		
Name Style/Title [ L T	Name *Style/Title	CD
Forenames LESLIE WILSON	Forenames	LESLIE WILSON
Surname STRACHAN	Surname	STRACHAN
*Honours etc	*Honours etc	
Previous forenames	Previous forenames	
Previous surname	Previous surname	
Address		AD
Usual residential address must be 40 MORLICH CRESCENT	Usual residential address must be	40 MORLICH CRESCENT
given. In the case of a corporation, give the registered or Post Town DALGETY BAY	3	
principal office address.  County/Region FIFC	principal office address.	
Postcode KYII 5UW   Country SCOTLAND	•	
Day Month Year		Day Month Year
Date of birth DO 3 1 0 3 4 4 Nationality NA BRITISH	Date of birth	•
Business occupation OC NURSING OFFICER	Business occupation	
Other directorships OD	Other directorships	[OD]
* Voluntary details  Continuation Sh	* Voluntary details	Continuation She

Directors (co	ontinued)	Details of new directors must be notified on form 288
(See note 8)		CD
Name	*Style/Title	CATHERINE ANNE
	Forenames	
	Surname	SCLATER
	*Honours etc	1
	Previous forenames	
	Previous surname	WILLIAMSON REAY BEAVERS
Address		AD 30 GRANTON VIEW
Usual residenti	al address must be	19 CRAIGOUR
corporation, giv	he case of a ve the registered or	Post Town DALGETY BAY
principal office	address.	County/Region FIFE
		Postcode KYII 5FX   Country SCOTLAND
		Day Month Year
	Date of birth	DO 1 10 0 14 4 18 Nationality NA BRITISH
В	susiness occupation	OC MANAGER
(	Other directorships	OD
Name	*Style/Title	<u>cb</u>
	Forenames	
,	Surname	
	*Honours etc	NO MORE DIRECTORS
F	Previous forenames	
	Previous surname	
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AD
	ul address must be	
given. In th	i i	
orincipal office		Post Town
		County/Region
		Postcode Country
	Date of birth	Day Month Year  DO           Nationality
Bu	usiness occupation	ос
c	Other directorships	OD
Voluntary details	s	
	L	Continuation She

Directors (continued) (See note 8)	Details of new directors must be notified on form 288
Name *Style/Title	CD
Forenames	WILLIAM
Surname	CLARKE
*Honours etc	
Previous forenames	
Previous surname	
Address	AD 82 NAVITIE PARK
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post Town LOCHGELLY  County/Region FIFE
	Postcode KY5 8NJ Country SCOTLAND
Date of birth	DO 2 15 0 16 3 15 Nationality NA BRITISH
Business occupation	OC MINER
Other directorships	OD
Name *Style/Title	CD DR
Forenames	LESLEY ANN
Surname	FERGUSON
*Honours etc	
Previous forenames	
Previous surname	
Address	AD
Usual residential address must be given. In the case of a	16 MITCHELL STREET
corporation, give the registered or	Post Town KIRKCALDY
principal office address.	County/Region FIFE
	Postcode KYI IBD Country SCOTLAND
Date of birth	Day Month Year  DO 0   8 0   7 6   3 Nationality NA BRITISH
Business occupation	OC GENERAL PRACTITIONER
Other directorships	OD
* Voluntary details	
-	Continuation Sheet

SC097502		You may photocopy this page to provide details of additional directors.
Directors (See note 8)	(continued)	Details of new directors must be notified on form 288
Name	*Style/Title	CD
	Forenames	HUGH MACDONALD
	Surname	FISHER
	*Honours etc	
	Previous forenames	
	Previous surname	
Address		AD
given. In	ntial address must be the case of a	134 KINGHORN ROAD
corporation, principal offi	give the registered or ce address.	Post Town BURNTISLAND
		County/Region FIFE
		Postcode KY3 9JU Country SCOTLAND
	Date of birth	Day Month Year  DO 219 011 316  Nationality NA BRITISH
	Business occupation	OC RETIRED
	Other directorships	OD
	<b>!</b>	
Name	*Style/Title	СВ
	Forenames	<u>EDWARD</u>
	Surname	KELLY
	*Honours etc	
	Previous forenames	
	Previous surname	·
Address		AD
	tial address must be	35 LADY NAIRNE ROAD
	the case of a give the registered or	Post Town DUNFERMLINE
principal offic	Se address.	County/Region FIFE
		Postcode KY12 9YD Country SCOTLAND
	Date of birth	Day Month Year  DO 2   1 0   1 4   5   Nationality NA BRITISH
	Business occupation	oc SECURITY ADVISOR
	Other directorships	OD SECORITY HOUSEN
* Voluntary deta	•	II I
	11 11 L	Continuation Sheet