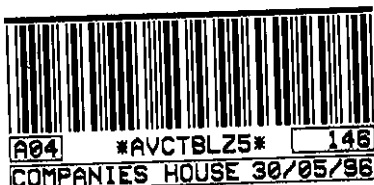




COMPANIES HOUSE

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



This form should be completed in black.

The information printed below is taken from Companies House records as at 23/04/96
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
14	05	96

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.

BB
18
10549
363s

Annual Return

of company number 02714750

Y

company name

MEITHRINFA GYMUNEDOL MACHYNLLETH
COMMUNITY NURSERY LTD.

company type

PRIVATE COMPANY LIMITED BY GUARANTEE
WITHOUT SHARE CAPITAL

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 NURSERY OFFICE
COMMUNITY CENTRE
HEOL MAENGWYN
MACHYNLLETH. POWYS

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

Principal business activities *(See note 4)*

Trade classification is
8999 OTHER SERVICES

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

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.

LINDA
 THOMAS
 3 MIN Y DDOL
 LLANWRIN
 MACHYNLLETH
 POWYS SY20 8QT

Day Month Year

--	--	--

 Date of any change.

.....

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

Day Month Year

1	5	0	4	9	6
---	---	---	---	---	---

 Date of resignation.

Directors *(See note 7)*

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

JANET MARGARET
 BETHELL
 18 MAES Y LLAN
 CORRIS
 MACHYNLLETH
 POWYS SY20 9SJ

Day Month Year

--	--	--

 Date of any change.

.....

Date of Birth:- 11/02/58
 Nat:BRITISH
 Occ:DIRECTOR

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

Day Month Year

--	--	--

 Date of resignation.

Show any relevant current and previous directorships.

.....

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

Directors - continued

Particulars.

CARWEN MARY
JARMAN
15 BRICKFIELD STREET
GARSJWN
MACHYNLLETH
POWYS SY20 8BP

Day Month Year

--	--	--

Date of any change.

Date of Birth:- 23/11/69
Nat:BRITISH
Occ:ACCOUNTING TECHNICIANS

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.

GERALLT WYNFORD
JONES
RHIANFA
CORRIS UCHAF
MACHYNLLETH
POWYS SY20 2BE

Day Month Year

--	--	--

Date of any change.

Date of Birth:- 25/01/50
Nat:BRITISH
Occ:LOCAL GOVT OFFICER

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.

ZOE
SAVVIDOU
GLANYDON
CORRIS
MACHYNLLETH
POWYS SY20 9SH

Day Month Year

--	--	--

Date of any change.

Date of Birth:- 27/01/49
Nat:BRITISH
Occ:TEACHER

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

Day Month Year

--	--	--

Date of resignation.

Show any relevant current and previous directorships.

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

Directors - continued

Particulars.

LINDA
THOMAS
3 MIN Y DDOL
LLANWRIN
MACHYNLLETH
POWYS SY20 8QT

Date of Birth:- 22/06/66
Nat:BRITISH
Occ:DIRECTOR

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

1	0	0	5	9	6
---	---	---	---	---	---

Date of resignation.

Particulars.

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

Day Month Year

--	--	--

Date of any change.

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

Show any relevant current and previous directorships.

Day Month Year

--	--	--

Date of resignation.

Particulars.

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

Day Month Year

--	--	--

Date of any change.

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 £ 18.

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

Signed

G. J. J. J.

Secretary/Director *

*(delete as appropriate)

Date 11.05.96

This return includes 2 continuation sheets.
(enter number)

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

MRS. NATHALIE BOOTH
MEITHRINFA GYMUNEDOL MACHYNLETA COMMUNITY
NURSERY LTD.
COMMUNITY CENTRE, HEOL MAENG-WYR
MACHYNLETH
POWYS Postcode SY20 8AE

Telephone 01654-702933 Ext