



*Companies House*  
— for the record —

**AP01** (ef)

**Appointment of Director**



X90S6T2N

*Company Name:* **VISIONARY - LINKING LOCAL SIGHT LOSS CHARITIES**

*Company Number:* **07185372**

*Received for filing in Electronic Format on the:* **06/04/2011**

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*New Appointment Details*

*Date of Appointment:* **01/06/2010**

*Name:* **MS ANITA DAWN DAVIES**

*Consented to Act:* **YES**

*Service Address:* **54 GARFIELD AVENUE  
LITCHARD  
BRIDGEND  
WALES  
CF31 1QA**

*Country/State Usually Resident:* **WALES**

*Date of Birth:* **27/01/1972**

*Nationality:* **BRITISH**

*Occupation:* **DEVELOPMENT OFFICER**

*Former Names:*

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## *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.