



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: 07/11/2015

X4JOKSVC

Company Name: ST JOHN'S DEAF COMMUNITY CENTRE

Company Number: 08594337

Date of this return: 02/07/2015

SIC codes: 56301
93120
90010
92000

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

Situation of Registered Office: ST JOHN'S DEAF COMMUNITY CENTRE 258 GREEN LANES
MANOR HOUSE
HACKNEY
LONDON
N4 2HE

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **MATTHEW ROBERT**

Surname: **BANKS**

Former names:

Service Address: **ST JOHN'S DEAF COMMUNITY CENTRE
258 GREEN LANES
MANOR HOUSE
LONDON
UNITED KINGDOM
N4 2HE**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/02/1985** *Nationality:* **BRITISH**

Occupation: **SIGN LANGUAGE INTERPRETER**

Company Director 2

Type: **Person**
Full forename(s): **CATHERINE**

Surname: **DREW**

Former names:

Service Address: **ST JOHN'S DEAF COMMUNITY CENTRE 258 GREEN LANES
MANOR HOUSE
HACKNEY
LONDON
UNITED KINGDOM
N4 2HE**

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

Date of Birth: ****/04/1984** *Nationality:* **BRITISH**

Occupation: **LEADER OF BILINGUAL
PRACTICE**

Company Director **3**

Type: **Person**

Full forename(s): **JEFFERY MARK STEPHEN**

Surname: **DREW**

Former names:

Service Address: **ST JOHN'S DEAF COMMUNITY CENTRE 258 GREEN LANES
MANOR HOUSE
HACKNEY
LONDON
UNITED KINGDOM
N4 2HE**

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

Date of Birth: ****/03/1957**

Nationality: **BRITISH**

Occupation: **TEACHER**

Company Director 4

Type: **Person**

Full forename(s): **LESLEY**

Surname: **REEVES-COSTI**

Former names:

Service Address: **ST JOHN'S DEAF COMMUNITY CENTRE 258 GREEN LANES
MANOR HOUSE
HACKNEY
LONDON
UNITED KINGDOM
N4 2HE**

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

Date of Birth: ****/09/1977**

Nationality: **BRITISH**

Occupation: **TEACHER**

Company Director **5**

Type: **Person**
Full forename(s): **MS LINDA MARGARET**

Surname: **RICHARDS**

Former names:

Service Address: **ST JOHN'S DEAF COMMUNITY CENTRE**
 258 GREEN LANES
 MANOR HOUSE
 LONDON
 ENGLAND
 N4 2HE

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

Date of Birth: ****/12/1955** *Nationality:* **BRITISH**
Occupation: **FREELANCE TRAINER AND**
 INTERPRETER

Authorisation

Authenticated

This form was authorised by one of the following:

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