

## **Appointment of Director**

Company Name: ST JOHN'S DEAF COMMUNITY CENTRE

Company Number: 08594337

Received for filing in Electronic Format on the: 03/02/2023

## **New Appointment Details**

Date of Appointment: 21/01/2023

MR AARON MILLER Name:

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

Service address recorded as Company's registered office

Country/State Usually

**ENGLAND** 

Resident:

Date of Birth: \*\*/07/1982

Nationality: **ENGLISH** 

Occupation: **BUSINESS PERSON** 

## **Authorisation**

|   | Authorisation |
|---|---------------|
| Authenticated   |               |
| This form was authorised by one of the  | he following: |
| Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor |               |
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