



COMPANIES HOUSE

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



This form should be completed in black.

The information printed below is taken from Companies House records as at 14/01/98
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
28	01	98

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.

Registered Office (See note 3)

This is the address registered by Companies House.
10 MANOR GARDENS
LONDON
N7 6JS

Principal business activities (See note 4)

Trade classification is
8532 SOCIAL WORK WITHOUT ACCOMMODATION

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

363s

Annual Return

of company number 01435901

L

company name
WOMEN'S THERAPY CENTRE LIMITED

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

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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

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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.

ALISON
 SWAN PARENTE
 BA HONS DIP ICP
 WELLBECK ABBEY
 WELBECK
 WORKSOP
 NOTTINGHAMSHIRE S80 3LN

Day	Month	Year

Date of any change.

.....

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

Day	Month	Year

Date of resignation.

.....

Directors *(See note 7)*

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

CHERYL ANN
 BARROW
 14E COMPTON ROAD
 LONDON
 N1 2PA

Day	Month	Year

Date of any change.

.....

Date of Birth:- 27/02/58
 Nat:BRITISH
 Occ:ACCOUNTANT

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.

BARBARA IONIE
CAMPBELL
53 OAKFIELD ROAD
WALTHAMSTOW
LONDON
E17 5RN

Date of Birth:- 02/02/55
Nat:BRITISH
Occ:SOCIAL WORKER

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

Show any relevant current and previous directorships.

Day Month Year

1	11	97
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Date of any change.

Day Month Year

01	11	97
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Date of resignation.

Particulars.

DR
JOY
DALTON
1 DRYLANDS ROAD
LONDON
N8 9HN

Date of Birth:- 11/05/48
Nat:BRITISH
Occ:DOCTOR

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

Show any relevant current and previous directorships.

Day Month Year

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Date of any change.

Day Month Year

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Date of resignation.

Particulars.

ELIZABETH ANN
DEEBLE
206 CRESCENT ROAD
EAST BARNET
HERTFORDSHIRE EN4 8SB

Date of Birth:- 19/07/50
Nat:BRITISH
Occ:CLINICAL PSYCHOLOGIST

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

Show any relevant current and previous directorships.

Day Month Year

19	07	50
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Date of any change.

Day Month Year

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Date of resignation.

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

Directors - continued

Particulars.

TIRRIL
HARRIS
6 TUFNELL PARK ROAD
LONDON
N7 ODP

Day Month Year

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Date of any change.

Date of Birth:- 24/07/40
Nat:BRITISH
Occ:RESEARCH PSYCHOLOGIST

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

AMALIA
ISLA ORTIZ
3 JOHN CAMPBELL ROAD
LONDON
N16 8JY

Day Month Year

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Date of any change.

Date of Birth:- 09/09/47
Nat:SPANISH
Occ:FREELANCE WRITER

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

JASMINDER
LOVE
2 ABRAMS LANE
CHRISHALL
ROYSTON
HERTFORDSHIRE SG8 8QD

Day Month Year

01	11	97
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Date of any change.

Date of Birth:- 22/01/57
Nat:BRITISH
Occ:MANAGEMENT CONSULTANT

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

Day Month Year

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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.

JACQUELINE
MORAN
403 LONG LANE
LONDON
N2 8JN

Day Month Year

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Date of any change.

Date of Birth:- 23/02/59

Nat:BRITISH

Occ:SOCIAL PSYCHOLOGIST

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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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

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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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

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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 £ 15.

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

Signed

Timi Hamit

Secretary/Director *

*(delete as appropriate)

Date

21st January 1998

This return includes 3 continuation sheets.
(enter number)

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

HEATHER WESTON

WOMEN'S THERAPY CENTRE

10 MANOR GARDENS

LONDON Postcode *N7 6JS.*

Telephone *0171-263 7860* Ext *—*