



Companies House
— for the record —

AR01 (ef)

Annual Return



XR2QGEFP

Received for filing in Electronic Format on the: **26/10/2009**

Company Name: **TUNBRIDGE WELLS COUNSELLING CENTRE**

Company Number: **02757675**

Date of this return: **21/10/2009**

SIC codes: **7499**

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

Situation of Registered Office: **ST GEORGES CENTRE
7 CHILSTON ROAD
TUNBRIDGE WELLS
KENT
TN4 9LP**

Officers of the company

Company Secretary **1**

Type: **Person**

Full forename(s): **ANNE MARILYN**

Surname: **FOSTER**

Former names:

Service Address: **23 GARDEN HOUSE
CALVERLEY STREET
TUNBRIDGE WELLS
KENT
TN1 2XN**

Company Director **1**

Type: **Person**

Full forename(s): **MR KEITH DOUGLAS**

Surname: **BALAAM**

Former names:

Service Address: **81 BRITTAINS LANE
SEVENOAKS
KENT
TN13 2JS**

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

Date of Birth: **19/02/1947**

Nationality: **BRITISH**

Occupation: **CONSULTANT**

Company Director **2**

Type: **Person**

Full forename(s): **MRS MARILYN**

Surname: **DAINES**

Former names:

Service Address: **FLAT 23 GARDEN HOUSE CALVERLEY STREET
TUNBRIDGE WELLS
KENT
TN1 2XN**

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

Date of Birth: **24/01/1953**

Nationality: **BRITISH**

Occupation: **NONE**

Company Director **3**

Type: **Person**

Full forename(s): **MR WILLIAM MORTIMER**

Surname: **MAN**

Former names:

Service Address: **WOODSIDE
TIDEBROOK
WADHURST SUSSEX
TN5 6PE**

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

Date of Birth: **10/08/1940**

Nationality: **BRITISH**

Occupation: **RETIRED**

Company Director **4**

Type: **Person**
Full forename(s): **MR CHARLES HOWE**
Surname: **MARSHALL**
Former names:
Service Address: **WOODREED FARM
STONEHURST LANE FIVE ASHES
MAYFIELD
EAST SUSSEX
TN20 6LJ**

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

Date of Birth: **04/12/1949** *Nationality:* **BRITISH**
Occupation: **CHARTERED ACCOUNTANT**

Company Director **5**

Type: **Person**
Full forename(s): **DR MICHAEL GRANSTON**
Surname: **RICHARDS**
Former names:
Service Address: **WEST WING
MALLING DEANERY
LEWES
EAST SUSSEX
BN7 2JA**

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

Date of Birth: **29/03/1937** *Nationality:* **BRITISH**
Occupation: **RETIRED**

Presenter information

Contact Name:

Address:

Authorisation

Authenticated

This form was authorised by one of the following:

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