



Companies House

AR01 (ef)

Annual Return



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Company Name: **SHROPSHIRE EDUCATION AND CONFERENCE CENTRE**

Company Number: **03795755**

Date of this return: **18/06/2016**

SIC codes: **86900**

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

Situation of Registered Office: **SHROPSHIRE EDUCATION AND CONFERENCE CENTRE MYTTON
OAK ROAD
SHREWSBURY
ENGLAND
SY3 8XQ**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **DR ROBERT ASHLEY**

Surname: **FRASER**

Former names:

Service Address: **10 PORT HILL ROAD
SHREWSBURY
ENGLAND
SY3 8SE**

Company Director **1**

Type: **Person**

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

Surname: **BOWERING**

Former names:

Service Address: **35 ALBERT STREET
SHREWSBURY
GREAT BRITAIN
SY1 2HT**

Country/State Usually Resident: **GREAT BRITAIN**

Date of Birth: ****/09/1978**

Nationality: **BRITISH**

Occupation: **SOLICITOR**

Company Director 2

Type: **Person**
Full forename(s): **MRS JULIA JOSEPHINE LINDA**

Surname: **CLARKE**

Former names: **BUCKLEY DYAS**

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1956** *Nationality:* **BRITISH**

Occupation: **HOSPITAL DIRECTOR**

Company Director **3**

Type: **Person**
Full forename(s): **DR ROBERT ASHLEY**

Surname: **FRASER**

Former names:

Service Address: **KINDER**
 10 PORT HILL ROAD
 SHREWSBURY
 SHROPSHIRE
 SY3 8SE

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1948** *Nationality:* **BRITISH**
Occupation: **DOCTOR OF MEDICINE**

Company Director 4

Type: **Person**
Full forename(s): **DR ANNATINA CANNON**

Surname: **MANGHAM**

Former names: **CANNON**

Service Address: **NEWPORT HOUSE DOGPOLE
SHREWSBURY
SHROPSHIRE
ENGLAND
SY3 6DU**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1972** *Nationality:* **AMERICAN**

Occupation: **MEDICAL GENERAL
PRACTITIONER**

Company Director **5**

Type: **Person**

Full forename(s): **DR NIGEL TIMOTHY**

Surname: **O'CONNOR**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/09/1953**

Nationality: **BRITISH**

Occupation: **DOCTOR**

Company Director **6**

Type: **Person**
Full forename(s): **DR TIMOTHY MAURICE**

Surname: **PARSONS**

Former names:

Service Address: **CARDESTON MANOR,
CARDESTON, FORD
SHREWSBURY
SALOP
SY5 9NJ**

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

Date of Birth: ****/12/1955** *Nationality:* **BRITISH**
Occupation: **DENTAL SURGEON**

Authorisation

Authenticated

This form was authorised by one of the following:

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