



Companies House

— for the record —

Company Name

AFRICAN COMMUNITY COUNCIL
FOR THE REGIONS



BPO 05
0725
884135

363s Annual Return

Company Type

Private Company Limited By

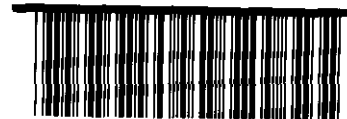
Guarantee Exempt Under Sect 30

Company Number

4084309

Information extracted from
Companies House records on
10th January 2002

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.



A48
COMPANIES HOUSE

0870
01/02/02

Section 1: Company details

Ref: 4084309/13/37

	Current details	Amended details												
> Registered Office Address <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	22 George Road Edgbaston Birmingham West Midlands B15 1PJ	Address _____ _____ _____ UK Postcode _ _ _ _ _												
> Register of Members <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Address where the Register is held At Registered Office	Address _____ _____ _____ UK Postcode _ _ _ _ _												
> Register of Debenture Holders <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Not Applicable	Address _____ _____ _____ UK Postcode _ _ _ _ _												
> Principal Business Activities <i>Please enter principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes. Please use the most appropriate code in the list, or write a short description of your company's activities.</i>	None held, please enter SIC code or description in the amended details column.	<table border="0"> <tr> <th>SIC CODE</th> <th>Description</th> </tr> <tr> <td>8514</td> <td>HEALTH and SOCIAL WELL BEING AUTHORITY</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	SIC CODE	Description	8514	HEALTH and SOCIAL WELL BEING AUTHORITY	_____	_____	_____	_____	_____	_____	_____	_____
SIC CODE	Description													
8514	HEALTH and SOCIAL WELL BEING AUTHORITY													
_____	_____													
_____	_____													
_____	_____													
_____	_____													

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Section 2: Details of Officers of the Company

	Current details	Amended details
> Company Secretary If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Company Secretary must be notified on form 288.	Name Gary Roy DE'ATH Address 15 Gravelly Hill North Erdington Birmingham West Midlands B23 6BT	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Gary Roy DE'ATH ceased to be secretary (if applicable) _ _ / _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Ekhlash AHMED Address 215 Shannon Road Birmingham West Midlands B38 9JY Date of birth 22/11/1959 Nationality Sudanese Occupation Social Worker	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _ _ _ _ _ Occupation _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Ekhlash AHMED ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Oluwole Olawunmi AKINOLA Address 31 Chinn Brook Road Birmingham West Midlands B13 0LU Date of birth 10/07/1929 Nationality British Occupation Retired	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _ _ _ _ _ Occupation _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Oluwole Olawunmi AKINOLA ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

	Current details	Amended details
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Mohammed Sulieman Ibrahim Ibn Hassan Al Nur AL RAHIM Address 15 Gravelly Hill North Erdington Birmingham B23 6BT Date of birth 21/01/1954 Nationality British Occupation Company Director	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Mohammed Sulieman Ibrahim Ibn Hassan Al Nur AL RAHIM ceased to be director (if applicable) _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Christine ASIIMWE Address 15 Bromford Hill Lea Hill Road Birmingham West Midlands B20 2TD Date of birth 25/12/1960 Nationality Ugandan Occupation Teacher	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Christine ASIIMWE ceased to be director (if applicable) _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Virentius Du Benedict DAVIES Address 147 Lazy Hill Kings Norton Birmingham B38 9PB Date of birth 13/01/1936 Nationality British Occupation Retired	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Virentius Du Benedict DAVIES ceased to be director (if applicable) _ _ / _ _ _ _

	Current details	Amended details
> Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i>	Name Gary Roy DE'ATH Address 15 Gravelly Hill North Erdington Birmingham West Midlands B23 6BT Date of birth 21/12/1951 Nationality British Occupation Solicitor	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Gary Roy DE'ATH ceased to be director (if applicable) ____ / ____ / ____
> Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i>	Name Dr Lul Lojok DENG Address Flat 7 10 Barford Road Birmingham West Midlands B16 0DY Date of birth 01/01/1957 Nationality British Occupation African Community Health Facil	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Dr Lul Lojok DENG ceased to be director (if applicable) ____ / ____ / ____
> Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i>	Name Bernard NTIVUNWA Address 84 Trent Tower Birmingham West Midlands B7 4JT Date of birth 12/04/1972 Nationality Rwandan Occupation Student	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Bernard NTIVUNWA ceased to be director (if applicable) ____ / ____ / ____

> **Director**

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

Current details

Name
Walingamina SHOMARI

Address
19 Hamberley Court
Winson Street
Birmingham
West Midlands
B18 4DE

Date of birth 17/01/1964

Nationality Congolese

Occupation Student

Amended details

Name

Address

UK Postcode _ _ _ _ _

Date of birth _ _ / _ _ / _ _ _ _

Nationality _ _ _ _ _

Occupation _ _ _ _ _

Date of change _ _ / _ _ / _ _ _ _

Date Walingamina SHOMARI ceased to be director (if applicable)

_ _ / _ _ / _ _ _ _



Companies House

— for the record —

363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

1. Declaration

- ☒ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

(Director / Secretary)

and

Date

20 / 1 / 2002

This date must not be earlier than the return date at 2 below

What to do now

Complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.

2. Date of this return

- ☐ This AR is made up to 5/10/2001
- If you are making this return up to an earlier date, please give the date here

— / — / —

Note: The form must be delivered to CH within 28 days of this date

3. Date of next return

- ☐ If you wish to change your next return to a date earlier than **5th October 2002** please give the new date here:

— / — / —

4. Where to send this form

- ☐ Please return this form to:
- | | | |
|------------------------|----|----------------------------------|
| Registrar of Companies | | For members of the Hays Document |
| Companies House | | Exchange service |
| Crown Way | OR | DX 33050 Cardiff |
| Cardiff CF14 3UZ | | |

Have you enclosed the filing fee with the company number written on the reverse of the cheque?

Cheque ☐ Postal Order ☒ Cheque / Postal Order
Number _____

(Please complete as appropriate)

Contact Address

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

Telephone number *inc code*

Address

DX number *if applicable*

DX exchange

Postcode