Companies House

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **09/07/2015**

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Company Name:	**A.B.C.D. CYMRU**
Company Number:	**06253718**
Date of this return:	**21/05/2015**
SIC codes:	**88990**
Company Type:	**Private company limited by guarantee exempt under section 60**
Situation of Registered Office:	**SUITE 1 WEST WING** **IVOR HOUSE BRIDGE STREET** **CARDIFF** **CF10 2TH**

Officers of the company

Company Director 1

Type: **Person**

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

Surname: **ADAMS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **WALES**

Date of Birth: **25/05/1972** *Nationality:* **WELSH**

Occupation: **HEAD OF DEPARTMENT, 3RD SECTOR ORGANISATION**

Company Director 2

Type: **Person**

Full forename(s): **MRS SUSAN ANN**

Surname: **EDWARDS**

Former names:

Service Address: **WHITEHILL HOUSE PENRHIWFER FARM**
TONYPANDY
RHONDDA CYNON TAFF
CF40 5SE

Country/State Usually Resident: **WALES**

Date of Birth: **05/08/1965** *Nationality:* **BRITISH**

Occupation: **OFFICER OF A CHARITY**

Company Director 3

Type: **Person**

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

Surname: **KHAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **WALES**

Date of Birth: **15/09/1958** *Nationality:* **BRITISH**

Occupation: **N/A**

Company Director 4

Type: **Person**

Full forename(s): **MRS WAI KUEN VICKY**

Surname: **LUI**

Former names:

Service Address: **483 COWBRIDGE ROAD EAST**
CARDIFF
WALES
CF5 1BA

Country/State Usually Resident: **WALES**

Date of Birth: **10/07/1961** *Nationality:* **BRITISH**

Occupation: **OCCASIONAL INTEPRETER**

Company Director 5

Type: **Person**

Full forename(s): **MRS HELEN ANN**

Surname: **PHILLIPS**

Former names:

Service Address: **114 NEWPORT ROAD**
CARDIFF
SOUTH GLAMORGAN
WALES
CF24 1DG

Country/State Usually Resident: **WALES**

Date of Birth: **13/03/1957** *Nationality:* **BRITISH**

Occupation: **CIVIL SERVANT**

Company Director 6

Type: **Person**

Full forename(s): **ELSPETH**

Surname: **WEBB**

Former names:

Service Address: **CHILDREN'S CENTRE ST DAVID'S HOSPITAL**
COWBRIDGE ROAD EAST
CANTON
CARDIFF
WALES
CF11 9XB

Country/State Usually Resident: **WALES**

Date of Birth: **16/12/1954** *Nationality:* **BRITISH**

Occupation: **CONSULTANT PAEDIATICIAN**

Authorisation

Authenticated

This form was authorised by one of the following:

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