



Companies House

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the: **22/12/2014**

Company Name: **ASPIRE FUNDRAISING LIMITED**

Company Number: **02448398**

Date of this return: **01/12/2014**

SIC codes: **96090**

Company Type: **Private company limited by shares**

Situation of Registered Office: **BRIDGE HOUSE
LONDON BRIDGE
LONDON
SE1 9QR**

Officers of the company

Company Director ***I***

Type: **Person**

Full forename(s): **MRS FIONA LAWRI GABRIELLE**

Surname: **JERREAT**

Former names:

Service Address: **OLD ORCHARD
WROTHAM ROAD
MEOPHAM
KENT
DA13 0QG**

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

Date of Birth: **20/06/1962** *Nationality:* **BRITISH**

Occupation: **CHARITY PROJECT MANAGER**

Company Director **2**

Type: **Person**

Full forename(s): **MR ALAN HADLYME**

Surname: **LAMBERT**

Former names:

Service Address: **37 NEWLANDS AVENUE
RADLETT
HERTFORDSHIRE
WD7 8EJ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **23/01/1946**

Nationality: **BRITISH**

Occupation: **RETIRED**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	10
		<i>Aggregate nominal value</i>	10
<i>Currency</i>	GBP	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	0

Prescribed particulars

AS PER MEMORANDUM AND ARTICLES OF ASSOCIATION, 25/02/1999.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	10
		<i>Total aggregate nominal value</i>	10

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 01/12/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **10 ORDINARY shares held as at the date of this return**
Name: **ASPIRE**

Authorisation

Authenticated

This form was authorised by one of the following:

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