

PCM

_____ ANNUAL REPORT FOR LCC # _____
(year)

Community Name: _____

No. of Members: Active Professed _____ Inactive Professed _____ Phase II _____

Meeting Place: _____

Address: _____

Monthly Mtg. Day: _____ Time: _____ to _____

Date of last Elections: _____

.....
DIRECTOR:

Name: _____ Preferred Phone # _____

E-mail: _____

SPIRITUAL ASSISTANT:

Name: _____

ELECTED COUNCILORS:1) Name: _____ Phone: (____) _____
E-mail: _____2) Name: _____ Phone: (____) _____
E-mail: _____3) Name: _____ Phone: (____) _____
E-mail: _____

If more than 3 elected councilors, continue info on back.

FORMATION DIRECTOR:

Name: _____ Preferred Phone # _____

E-mail: _____