

ST. VINCENT DEPAUL SOCIETY ANNUAL REPORT

Name and Address of Regional Council/Conference _____

1st January _____ to 31st December _____

STATEMENT 1

Day and time when meeting is held _____

Place where meeting is held: _____

NAME OF OFFICE BEARERS

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Full address of President: _____

Total number of members: _____

Total number of temporary members: _____

Total number of new members: _____

Name of Spiritual Director: _____

Number of meetings held during the year: _____

Number of visitations done during the year: _____

Number of persons assisted during the year: _____

Total number of member: _____

Brief report of your activities during the year. (If space is inadequate attach a separate sheet)

PRESIDENT

SECRETARY

TREASURER