



ORDER OF CARMELITES
North American Province of St. Elias

Lay Carmelite Office

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20 ____ ANNUAL REPORT

Community Name: _____ No. of Members _____

Meeting Place: _____

Address: _____

Monthly Mtg. Day/Date: _____ Time: _____ to _____

Date of Last Election: _____ Date dues were paid _____ Total Amount \$ _____

DIRECTOR:

Name: _____ Phone: () _____

E-Mail: _____ Cell# () _____

ELECTED COUNCILORS:

Name: _____ Phone: () _____

E-Mail: _____ Cell # () _____

Name: _____ Phone: () _____

E-Mail: _____ Cell # () _____

Name: _____ Phone: () _____

E-Mail: _____ Cell # () _____

If more than 3 elected councilors, continue at end of report

Formation Director:

Name: _____ Phone: () _____

Email: _____ Cell # () _____

Secretary:

Name: _____ Phone: () _____

E-mail _____ Cell # () _____

Treasurer:

Name: _____ Phone: () _____

E-mail: _____ Cell # () _____

SPIRITUAL ASSISTANT:

Name: _____ Phone (____) _____

Parish Name: _____

Address: _____

Email: _____

Please list all New Candidates (those preparing for Reception)

Name: _____ Phone: (____) _____

Address: _____

Email: _____ Date Phase I began: _____

Name: _____ Phone: (____) _____

Address: _____

Email: _____ Date Phase I began: _____

Name: _____ Phone: (____) _____

Address: _____

Email: _____ Date Phase I began: _____

Name: _____ Phone: (____) _____

Address: _____

Email: _____ Date Phase I began: _____

Please list any member who has moved since last year's report with their NEW information

Name: _____ Phone: (____) _____

Address: _____

Email: _____

Name: _____ Phone: (____) _____

Address: _____

Email: _____

Please list any member who has become inactive or left the community within the past year

Name: _____ Phone: (____) _____

Status: Inactive Left Date of last meeting: _____

Reason: _____

Name: _____ Phone: (____) _____

Status: Inactive Left Date of last meeting: _____

Reason: _____

Name: _____ Phone: (____) _____

Status: Inactive Left Date of last meeting: _____

Reason: _____

Please list any member who has died within the past year

Name: _____ Date of Death: _____

Name: _____ Date of Death: _____

Name: _____ Date of Death: _____

Please list any members who have been Received, Temporary Professed or Final Professed this past year.

		Received	Temp. Prof	Final Prof.
1)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	_____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>