

**LEGION OF MARY - JACKSONVILLE CURIA
PRAESIDIUM DIRECTORY**

Name of Praesidium _____

Parish/Location _____

Date of Founding/First Meeting _____

Time/Day of Weekly Meeting _____

Locaton of Meeting _____

SPIRITUAL DIRECTOR:

Name _____

Address _____

City/Zip/State _____

Phone Number(s) _____

PRESIDENT		VICE PRESIDENT
	Name	
	Address	
	City/Zip	
	Phone	
	Other Phone (Cell, Buz)	
	Date Began Duties	
	Date Appointed	
	Term? 1st or 2nd	
	E-Mail Adress	
	Agenda, Mail or E-Mail?	

SECRETARY		TREASURER
	Name	
	Address	
	City/Zip	
	Phone	
	Other Phone (Cell, Buz)	
	Date Began Duties	
	Date Appointed	
	Term? 1st or 2nd	
	E-Mail Adress	
	Agenda, Mail or E-Mail?	