



THE CENTRAL FLORIDA ASSOCIATION
OF FREEWILL BAPTISTS

Date: _____

DEACON'S Quarterly Report

NAME
ADDRESS
CITY, ST, ZIP
TELEPHONE #
CELL TELLPHONE #
EMAIL ADDRESS
CHURCH NAME
ADDRESS
CITY,ST,ZIP

Number of Homes Visited _____
Number of Sickrooms Visited _____
Number of Telephone Calls Made _____
Number of conversions Witnessed _____
Assisted in Gospel Ordinances _____
Study Courses Attended _____
Other _____

Comments: _____

Signature _____ Date _____