

(Full name of CHURCH)

(report period ending)

# ANNUAL CHURCH REPORT:

*Advent Christian General Conference*

## I. GENERAL INFORMATION

Church Mailing Address \_\_\_\_\_

street/rx/box city state zip

Church Building Location \_\_\_\_\_

street/rx/box city state zip

A.C. Conf: \_\_\_\_\_ Ch Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Annual Mtg: \_\_\_\_\_ County: \_\_\_\_\_ Employer ID No.: \_\_\_\_\_

(List Persons **CURRENTLY** Serving in these positions)

**Pastor:** \_\_\_\_\_ **Clerk:** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Asso. Minister:** \_\_\_\_\_ **Treasurer:** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(Please attach a list if other multiple staff)

**Board Chairman:** \_\_\_\_\_ **S.S.Supt.:** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## II. CHURCH MINISTRIES

Prayer Coordinator: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Mission Committee Chairperson: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Christian Educ. Chairperson: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Men's Fellowship: **Number of Groups** \_\_\_\_\_ **Total Membership** \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

WHFMS Women's Min.: **Number of Groups** \_\_\_\_\_ **Total Membership** \_\_\_\_\_ **President:** \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

President: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Youth Ministries (Sr.Hi): **Number of Groups** \_\_\_\_\_ **Total Membership** \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Youth Ministries (Jr.Hi): **Number of Groups** \_\_\_\_\_ **Total Membership** \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Children's Ministries: **Number of Groups** \_\_\_\_\_ **Total Membership** \_\_\_\_\_

Contact Person: Name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

**III. CHURCH MEMBERSHIP**

|                    |                              |  |
|--------------------|------------------------------|--|
| <u>Membership</u>  | <u>Members Received</u>      | <u>Members Lost</u>                      |
| Active _____       | By Confession of Faith _____ | By Death _____                           |
| Inactive _____     | By Transfer _____            | By Transfer _____                        |
| Other _____        |                              | By Removal _____                         |
| <b>TOTAL</b> _____ | <b>Number Baptised</b> _____ | <b>Number Professions of Faith</b> _____ |

**IV. CHURCH SERVICES**

|                                   | <u>Held Regularly:</u> | <u>Average Attendance:</u> | <u>Time of Service:</u>    |
|-----------------------------------|------------------------|----------------------------|----------------------------|
| Sunday Morning Worship            | Yes _____ No _____     | _____                      | _____ a.m.                 |
| Sunday Evening /Program(s)        | Yes _____ No _____     | _____                      | _____ p.m.                 |
| Midweek Service(s)/Program(s)     | Yes _____ No _____     | _____                      | _____ p.m.                 |
| Vacation Bible School             | Yes _____ No _____     | _____                      |                            |
| Day Care Center                   | Yes _____ No _____     | _____                      |                            |
| Special Event(s)                  | Yes _____ No _____     | _____                      |                            |
| Mission Conf. _____ Revival _____ | Other _____            |                            |                            |
| Discipleship Training             | Yes _____ No _____     | _____                      |                            |
| Home Bible Studies/Sm.Groups      | Yes _____ No _____     | _____                      | (Total) # of Groups: _____ |
| Other _____                       |                        | _____                      |                            |

**V. CHRISTIAN EDUCATION ENROLLMENT**

|                         |                     |                                |
|-------------------------|---------------------|--------------------------------|
| Nursery _____           | Middle School _____ | Home Dept. _____               |
| Preschool (3-5) _____   | High School _____   | Other _____                    |
| Early Elem.(K-1 ) _____ | Young Adult _____   | <b>TOTAL ENROLLMENT</b> _____  |
| Elementary (2-3) _____  | Adult _____         | <b>AVG. ATTENDANCE</b> _____   |
| Upper Elem.(4-5) _____  | Seniors _____       | <b>TOTAL RECEIPTS</b> \$ _____ |

**VI. CHURCH PROPERTY AND FINANCE**

- Does your church provide a parsonage: No \_\_ Yes \_\_, or housing allowance: No \_\_ Yes \_\_ Amt.\$ \_\_\_\_\_
- Total income for 2008: \$ \_\_\_\_\_
- Indebtedness as of December 31 (mortgage, etc.) \$ \_\_\_\_\_
- Does the church provide for a property reversion clause (in the event of church closure)? Yes \_\_ No \_\_  
 In Constitution? \_\_\_\_\_ In Property Deed? \_\_\_\_\_  
 Property Reverting to Whom? \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form by January 31 – one copy each to:**

- |  |  |   |
|--|--|---|
| <b>1. Advent Christian General Conference</b><br>PO Box 690848<br>Charlotte, NC 28227-0272 | <b>2. Regional Superintendent</b><br>_____<br>_____<br>_____ | <b>3. Conference Secretary</b><br>_____<br>_____<br>_____ |
|--|--|---|