

**MIDDLE FLORIDA GEORGIA PRIMITIVE BAPTIST ASSOCIATION**

*Elder Dr. R. R. Gaines, Moderator*

ANNUAL CHURCH REPORTING FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Pastor \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

\*Name (s) of Delegates \_\_\_\_\_

Enrollments to Association

<u>Category</u>	<u>Number</u>	<u>Fee Paid</u>	<u>Requested Fee</u>
Pastor		\$ _____	\$50.00
Ordained Elders	_____	\$ _____	\$35.00
Licensed Minister(s)	_____	\$ _____	\$25.00
Deacons	_____	\$ _____	\$10.00
*Delegates	_____	\$ _____	\$ 5.00
Widow(s)	_____	\$ _____	\$ 3.00
Deacon Board		\$ _____	\$15.00
Church Report (\$3.50 per member)		\$ _____	
Chief Evangelist (\$3.00 per member)		\$ _____	
Other(s)			
_____		\$ _____	
_____		\$ _____	
<b>TOTAL REPORTED</b>		<b>\$ _____</b>	

\_\_\_\_\_ Pastor \_\_\_\_\_ Clerk

Received by \_\_\_\_\_ Date Received \_\_\_\_\_