

**MIDDLE FLORIDA GEORGIA PRIMITIVE BAPTIST ASSOCIATION**

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

ANNUAL CHURCH REPORTING FORM

Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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 (\$5.00 per member) |               | \$ _____        |                      |
| Other(s)                          |               |                 |                      |
| _____                             |               | \$ _____        |                      |
| _____                             |               | \$ _____        |                      |

**TOTAL REPORTED** \$ \_\_\_\_\_

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

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

Rev. 9/10