

Southwestern District Missionary Baptist Association

Annual Church Report for 2017

For _____ Missionary Baptist Church

We are sending the following **MESSENGERS** to sit with you in your deliberations:

1. _____ 2. _____

And as an **ALTERNATE**:
1. _____

We are sending: \$ _____ for **MINUTES**, \$ _____ for **CLERK**

Our **Pastor** for the year 2017-2018 will be Eld. _____

Address _____ Telephone _____

Church Clerk _____ Telephone _____

Address _____

Sunday School Supt. _____

ORDAINED MINISTERS Belonging to our Church:

Eld. _____ Telephone _____

Address _____

Eld. _____ Telephone _____

Address _____

Eld. _____ Telephone _____

Address _____

Eld. _____ Telephone _____

Address _____

LICENSED MINISTERS Belonging to our Church:

Bro. _____ Telephone _____

Address _____

Bro. _____ Telephone _____

Address _____

Bro. _____ Telephone _____

Address _____

Bro. _____ Telephone _____

Address _____

E-MAIL ADDRESSES of Church officers (or someone else):

NAME **POSITION** **E-MAIL ADDRESS**

1. _____

2. _____

3. _____

* this is so churches can e-mail information (announcements, etc.) and save postage

SUMMARY OF PAST CHURCH YEAR:

Observed Lord's Supper _____ (#) during past Church year.
Observed Washing of Feet _____ (#) during past Church year.
Sunday School Officers # _____ Teachers # _____ Enrollment # _____
ADDITIONS: By Baptism _____ **LOSSES:** By Death _____
By Letter _____ By Letter _____
By Restoration _____ By Exclusion _____
TOTAL _____ **TOTAL** _____

PRESENT CHURCH MEMBERSHIP _____

YEAR EXPENSES:

Church Expenditures \$ _____ Home Missions \$ _____
Sunday School Expenditures \$ _____ Foreign Missions \$ _____
Ministerial Help and Incidentals \$ _____
GRAND TOTAL \$ _____

SUMMER REVIVAL STARTING DATE FOR 2018

(m/d/y) _____

SUN. EVENING STARTING TIME _____

MON-FRI STARTING TIME(S) _____

Revival Helper to be _____

OUR SAINTED DEAD (please indicate if a deacon or minister)

1. Bro/Sis _____ Date of Death (m/d/y) _____
2. Bro/Sis _____ Date of Death (m/d/y) _____
3. Bro/Sis _____ Date of Death (m/d/y) _____
4. Bro/Sis _____ Date of Death (m/d/y) _____
5. Bro/Sis _____ Date of Death (m/d/y) _____

MISSIONS:

Name and address of Missionaries or Missions supported during past year:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Would your Church consider hosting the next session of the Association:

Yes _____ No _____ Undecided _____

Our church would like _____ copies of the sermons on CD.