

THE ORIGINAL CAPE FEAR AND SOUTHWESTERN FREE WILL BAPTIST CONFERENCE

Bishop Frederick E. Clarida, Sr., President
 Bishop Wayne E. McKoy, Sr., Vice President
 Sister Brenda H. Williams, Conference Secretary
 Minister Angela Smith, Asst. Secretary

2801 Mt. Pisgah Church Road
 Sanford, North Carolina 27332
 919-258-3482

Date _____

We, the members of _____ Church, in the County
 of _____ and the State of _____ are thankful that we
 are blessed to make our report.

Name of Church _____
 Street Address _____
 Mailing Address _____
 Telephone Number _____
 Pastor's Name _____
 Church Secretary's Name _____
 Church Secretary's Address _____
 Church Secretary's Telephone Number _____
 Delegates: _____

FINANCIAL REPORT

Number of Quarterly Meetings: _____ Pastoral Sundays: _____

BUDGET IS BASED ON THE CHURCH MEMBERSHIP AS OF NOVEMBER 1, 2019

Number of:

Members: _____ Received: _____ Baptized: _____ Died: _____ Dismissed: _____
TOTAL MEMBERS _____ (X) \$20.00 = \$ _____ Church Budget

Bishop Dues: \$ _____

Pastor Dues: \$ _____

Elder Dues: \$ _____

Minister Dues \$ _____

8YY[UH'8i Yg ~ 'SSSSSSSSSSSSSS'

Total Amount Sent: \$ _____

****We call for Pastor next year:** _____

**Annual Conference
CHURCH PROGRESS REPORT**

Date _____

Church Name _____

**This year God has blessed our church to receive _____
new members.**

Our outreach efforts this year included:

The following areas were covered during Bible study this year:

We have impacted our community for the cause of Christ by:

Church Secretary signature _____

Pastor signature _____

Date _____

ANNUAL CONFERENCE

Deceased Members

Name of Church _____

Date _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Date _____

Names of Deacons

Church _____

Name _____
Address _____
City/Zip Code _____
Phone number _____
E-Mail _____

Name _____
Address _____
City/Zip Code _____
Phone number _____
E-Mail _____

Name _____
Address _____
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Name _____
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Date _____

Names of Trustees & Addresses

Church _____

Name _____

Address _____

City/Zip Code _____

Phone number _____

E-Mail _____

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**Annual Conference
Names and Addresses of Bishops, Pastors, Ministers, Elders**

Date: _____

Name of Church: _____

Name _____

Address _____

City/State/Zip _____

Phone with area code: _____

E-Mail _____

Name _____

Address _____

City/State/Zip _____

Phone with area code: _____

E-Mail _____

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