

Tenth Episcopal District

Pastor's Annual Conference

Summary Report

*Fields with * are required fields*

<p>*Annual Conference _____</p> <p>*Name of Church _____</p> <p>*Mailing Address _____</p> <p>*City _____ *Zip Code _____</p> <p>*Church Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p> <p>*Presiding Elder District: _____</p>	<p>*Date _____</p> <p>*Pastor's Name _____</p> <p>*Mailing Address _____</p> <p>*City: _____ *Zip Code: _____</p> <p>*Home Number: _____</p> <p>Fax Number: _____</p> <p>Cell Number: _____</p>
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MEMBERSHIP STATISTICAL SUMMARY:

*Conversions _____	*Accessions _____	*Baptisms _____	*Marriages _____	*Full Membership _____
*Average Sunday Attendance _____	*Church School Attendance _____	*Bible Study Attendance _____		

MINISTRY INITIATIVES:

- Does your church have a specific ministry directed to Children, Youths and Young Adults? _____. How many young people are involved? _____. Do you have a Youth Minister on Staff? _____.
- Does your congregation have a *Sons of Allen Men's* Ministry? _____. How many men are involved? _____.
- Did your congregation sponsor a forum on *Domestic Abuse and Violence* this Conference Year? _____
- Does your congregation have a *Prison Ministry*? _____. How many times per year? _____. How many inmates touched? _____. How many families touched? _____. Did you sponsor an *Angel Tree*? _____
- How many children touched? _____ Does your church have Boy/Girl Scouts? _____ How many students received scholarships? _____.
- How much money was given for this purpose? \$ _____ How many registered voters do you have? _____
- Did your congregation sponsor a voter registration drive? _____ A voter education forum? _____
- ***How many people were registered for Super Summer Convocation 2021?** _____ ***How many for 2022?** _____

HEALTH INITIATIVES:

- Did your congregation have a specific ministry to address *HIV/AIDS* awareness and prevention? _____
- Was your church a site for the distribution of COVID-19 Vaccine? _____ How many Doses? _____
- Has your church returned to in-person meetings? _____ Has your church observed the protocols for safe return? _____
- Did your church have a health information series weekly or monthly? _____. Did your congregation sponsor a health fair? _____. What specific screenings were involved? _____
- Did your church have a particular focus on hand-washing as a means to combat the spread of disease? _____

DEVELOPMENT INITIATIVE:

- What financial or in-kind contribution have you made to *Paul Quinn College*? \$ _____
- What financial or in-kind contribution have you made to the *Nehemiah Ministry*? \$ _____
- What development project is being proposed this year? _____
- Has your project come to the attention of the Conference Trustees? _____
 - Name something the Conference can help you with this year _____

FINANCIAL SUMMARY FOR LOCAL CHURCH:

*Total Amount of Money Raised for All Purposes \$ _____	*Total Indebtedness \$ _____
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*Presiding Elder's Support \$ _____

*Pastor's Compensation \$ _____

CONNECTIONAL AND CONFERENCE OBLIGATIONS:

*General Budget Reported at Midyear \$ _____ *General Budget Reporting at this Conference \$ _____

*Annual Conference Support \$ _____ *Annual Conference Sustentation \$ _____

*AMEC Publications \$ _____ *Pastor's Annuity for this year \$ _____

*Presiding Elder's Annuity for this year \$ _____ *Current Bank Balance \$ _____

*Type Name: **Pastor:** _____ *Delegate: _____

LIST THE NAMES OF ITINERANT ELDERS WHO ARE PART OF YOUR CHURCH OR STAFF.

LIST THE NAMES OF THE ITINERANT DEACONS WHO ARE PART OF YOUR CHURCH OR STAFF.

LIST THE NAMES OF THE LOCAL ELDERS IN YOUR CONGREGATION.

LIST THE NAMES OF THE LOCAL DEACONS IN YOUR CONGREGATION

LIST THE NAMES OF THE LICENTIATES IN YOUR CONGREGATION

LIST THE NAMES OF THE EXHORTERS IN YOUR CONGREGATION

LIST THE NAMES OF THE DEACONESSES IN YOUR CONGREGATION

SUBMIT