

Church of God In Christ South Carolina Jurisdiction

Annual District Reporting Form

Date _____

District Name _____

District Superintendent _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

District Missionary _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Credential Holders

List the grand total of credential holders in this section from local church form

Total # Pastors _____

Total # Evangelist Missionary _____

Total # Ordain Elders _____

Total # Dept. Head _____

Total # Ministers _____

Total # Dept. Asst _____

Total # Deaconess Missionary _____

Numerical Data

Total membership 0-17 # _____

Total number of members added # _____

Total membership 18 + # _____

Total number of members removed # _____

Grand total membership of district# _____

District Financial Data

Total of annual district income \$ _____

Total of annual disbursement \$ _____

Balance brought forward \$ _____

District Churches

Total number of churches added # _____

Total Number of Churches Removed # _____

Grand total of churches on district # _____

District Department Heads

Evangelist

Date _____

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Previous Year Budget \$ _____ Proposed Current Budget \$ _____

Missions

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Previous Year Budget \$ _____ Proposed Current Budget \$ _____

Music

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Previous Year Budget \$ _____ Proposed Current Budget \$ _____

Sunday School

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Previous Year Budget \$ _____ Proposed Current Budget \$ _____

Youth

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Previous Year Budget \$ _____ Proposed Current Budget \$ _____

DUPLICATE PAGES 1 & 2 OF YOUR DISTRICT REPORT FORM 3 TIMES

1-District Superintendent Copy 2-Juris. Secretary/Budget & Finance copy

3-Women's Department Copy

**Church of God In Christ South Carolina Jurisdiction
District Reporting Form**

Local Church Annual Report Form

Date _____

Church _____

Address _____ City _____ St _____

Zip Code _____ Web address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Pastor _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Annual Assessment \$ _____ **Amount paid \$** _____

Membership

Total membership from the previous year 0-17 # _____

Total membership this year 0-17 # _____

Total membership from the previous year 18+ # _____

Total membership this year 18+ # _____

Grand total of current membership # _____

National Assessment For Credential Holders

**1.(JB) Bishop 2.(AA) Adm. Asst 3.(DS) Dist. Supt. 4.(JDH) Juris. Dept Head 5.(P) Pastor
6.(OE) Ordain Elder 7.(LM) License Minister 8.(JS) Juris. Supervisor 9.(AJS) Asst. Juris. Supervisor
10.(DS) Dist. Missy. 11.(JDA) Juris. Dept. Asst. 12.(EM) Evangelist Missy 13.(DM) Deaconess Missy.**

{List Deacons, Dept. Head, Ministers & Church Mothers for Jurisdictional directory use only}

List the appropriate acronym for each credential holder

Name _____ Title _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

Ck if this is a new address _____

Amount of national assessment \$ _____ Amount Paid \$ _____

Total This Form only \$ _____

1. Name _____ Title _____
Address _____ City _____ St _____
Zip Code _____ Email address _____
Telephone _____ Cell _____
Amount of national assessment \$ _____ Amount Paid \$ _____
Ck if this is a new address _____

2. Name _____ Title _____
Address _____ City _____ St _____
Zip Code _____ Email address _____
Telephone _____ Cell _____
Amount of national assessment \$ _____ Amount Paid \$ _____
Ck if this is a new address _____

3. Name _____ Title _____
Address _____ City _____ St _____
Zip Code _____ Email address _____
Telephone _____ Cell _____
Amount of national assessment \$ _____ Amount Paid \$ _____
Ck if this is a new address _____

4. Name _____ Title _____
Address _____ City _____ St _____
Zip Code _____ Email address _____
Telephone _____ Cell _____
Amount of national assessment \$ _____ Amount Paid \$ _____
Ck if this is a new address _____

5. Name _____ Title _____
Address _____ City _____ St _____
Zip Code _____ Email address _____
Telephone _____ Cell _____
Amount of national assessment \$ _____ Amount Paid \$ _____
Ck if this is a new address _____

Total this form only \$ _____ List grand total of reporting on the last form only
Grand Total Reporting From All Local Church Forms \$ _____ Ck # _____ Cash _____

Duplicate this page to accommodate additional names

DUPLICATE PAGES 1 & 2 OF THIS FORM 4 TIMES AND SUBMIT TO DIST. SUPT.
1. CHURCH 2. DISTRICT 3. JURISDICTIONAL SECRETARY 4. WOMEN DEPARTMENT