

2019

Cooperating Church

**Annual
Report**

American Baptist Churches USA

ABC of Michigan

Review the pre-printed information and make changes as necessary. Please provide as much of the requested information as possible. Our entire denomination benefits from having current, accurate information on our member churches. Thank you for your participation!

**CHURCH INFORMATION**

Review the preprinted information. Make corrections and additions as necessary.

CHURCH NAME: _____

PIN: _____ EIN: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

OFFERING ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

WEBSITE: _____

YEAR INCORPORATED: _____ FOUNDED YEAR: _____

JOINED ABC YEAR: _____ ETHNICITY: _____

Please return your completed form by

March 31, 2020

To the address below:

ABC-MI

4578 S. Hagadorn Rd.

East Lansing, MI 48823

Or fax to:

517.332.3186

To complete the form online:annualreport.abcis.org**Denominational Affiliations**Please list **OTHER** denominations in which the church holds membership.

Name: _____

Name: _____

Name: _____

CHURCH MEMBERSHIP

Please enter data as of last year.

Total Church Membership: _____

Resident Active Membership: _____

Resident Inactive Membership: _____

AVERAGE WEEKLY ATTENDANCE

Please enter data as of last year.

Worship

Morning/Primary Services
(combine if more than one) _____Afternoon/Evening Services
(if held at least twice per month) _____

Sunday School/Church

Pre-School _____

Elementary _____

Youth _____

Young Adults _____

Adults _____

New Members Received By:

Baptism _____

Letter _____

Other _____

Members Lost By:

Death _____

Letter _____

Other _____

Non-ABC Missions:

Include local missions and community projects. If dually aligned, include amounts given to other denominations.

\$ _____

Total Church Income:

Include income received from all sources for all purposes, including mission contributions. Do not include loans.

\$ _____

Total Local Expenditures:

Include everything your church and its organizations spent during the year, such as pastoral salaries and benefits, mortgage payments, etc., DO NOT include mission contributions or transfers to a building or endowment fund.

\$ _____

Current Professional Staff

Please list the individuals currently holding professional staff positions within your church.

<u>Name</u>	<u>Position</u>	<u>Start Date</u>	<u>End Date</u>

Please sign below when completed.

Signature of person completing form: _____

Name and Title of person completing form: _____

Date: _____

Signature of Pastor: _____

Date: _____

Signature of Clerk: _____

Date: _____

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Professional Staff are considered to be those individuals who meet the national standards of ordination and/or commissioning, are members of an American Baptist church, and serve in an American Baptist-related ministry. Please enter the requested information for individuals currently holding professional staff positions in your church. You may copy this form as needed to include all professional staff positions.

IMPORTANT NOTES REGARDING PROFESSIONAL STATUS: Leadership information gathered here becomes part of the ABC Church Leadership Directory. An individual's Professional Status determines if they are also included in the ABC Professional Registry.

The Professional Status levels are: ABC Ordination / Ordination Recognized by ABC / Other ABC Ordination NOT Recognized by ABC / Commissioned / Certified Lay Minister / Licensed / Lay Professional.

EACH LISTING BELOW REQUIRES A PROFESSIONAL STATUS TO BE RECORDED. SEE ABOVE INFORMATION REGARDING PROFESSIONAL STATUS.

Pastor Name:

Start Date: _____

Home Address: _____

Home Phone: _____

Work Email: _____

Alternate Email: _____

Birth Date: _____

Ethnicity: _____

Spouse: _____

Professional Status: _____

Ordination Date

(month/day/year): _____

Ordination Recognition Date

(month/day/year): _____

Associate Pastor Name:

Start Date: _____

Home Address: _____

Home Phone: _____

Work Email: _____

Alternate Email: _____

Birth Date: _____

Ethnicity: _____

Spouse: _____

Professional Status: _____

Ordination Date

(month/day/year): _____

Ordination Recognition Date

(month/day/year): _____

Other Professional Staff:

Start Date: _____

Home Address: _____

Home Phone: _____

Work Email: _____

Alternate Email: _____

Birth Date: _____

Ethnicity: _____

Spouse: _____

Professional Status: _____

Ordination Date

(month/day/year): _____

Ordination Recognition Date

(month/day/year): _____

Other Professional Staff:

Start Date: _____

Home Address: _____

Home Phone: _____

Work Email: _____

Alternate Email: _____

Birth Date: _____

Ethnicity: _____

Spouse: _____

Professional Status: _____

Ordination Date

(month/day/year): _____

Ordination Recognition Date

(month/day/year): _____

Moderator:

Address: _____

Phone Number: _____

Email: _____

Treasurer:

Address: _____

Phone Number: _____

Email: _____