LOCAL C	OFFICER UPDATI	E FORM 2020			
NAME OF CHURCH:		PASTOR:	PASTOR:		
ADDRESS:_		No of Members	DI		
MEETING D	OATE/TIME:				
Office	Name	Mailing Address	Phone	E-mail	
President					
Vice Preside	ent				
Secretary					
Treasurer					
3259 Wilderne Middleburg, Fl	=				