



NORTHERN DISTRICT COUNCIL, INC.

5th Episcopal District of Pentecostal Assemblies of the World, Inc.



CHURCH REPORT

Date: _____

Name of Church: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Church Phone No. () _____ Fax No. () _____

Church Website: _____

Pastor: _____

Pastor's Address: _____

City: _____ State: _____ Zip: _____

Pastor's Phone No. () _____ Fax No. () _____

E-Mail Address: _____

Number Baptized: _____ Filled with Holy Ghost: _____ Restored: _____

****Church Report:** \$ _____

****The church report will be according to the following formula:**

Foreign Missions Offering: \$ _____

Membership of 201 or more Minimum \$700.00

Home Missions Offering: \$ _____

Membership of 101 – 200 500.00

TOTAL: \$ _____

Membership of 51 - 100 300.00

Membership of 50 or less 75.00

Signed (Pastor/ Secretary): _____