

## Second Episcopal District of the African Methodist Episcopal Church P. O. Box 34247, Washington, DC 20043 202-842-3788 (Office) + Email Address: **2ndpastorannualreport@gmail.com**

James L. Davis, Servant Bishop + Arelis B. Davis, WMS Supervisor



## **2020 PASTOR'S ANNUAL REPORT**

nnual Conference:		Presiding Elder District:					
	)ate:		Presiding E	Elder's Name:			
			Name of Ch	nurch:			
	State:					Zip Code:	
	 Email Address: _					I	
			. с. ср с с.				_
Canavassianal Diatriat N	No. Congression		City Mayor				_
		on:					
Lounty Commissioner:			_ County Scho	ooi Superintende	:nt:		
N	UMERICAL STATIS	STICS		FINANC	IAL STATIS	TICS	
			19. Funds Ra	aised for Local C	hurch	\$	
			20. Indebted				
	<b>rojected</b> : (Last Year)		a.			\$	
			b.	Trustees		\$	
5. Baptisms:			C.	Central Budget .		\$	
			d.	Total Indebtedi	ness	\$	
			21. Church T	reasury Balance	;		
			a.			\$	
•			b.			\$	
6. Full Members			c. d.			\$	
			e.			\$	
				•	Dalarice	4	
				Compensation		¢	
	nip		a. b.	Housing Allowan		\$	
7. What was your av	erage church attendance?	?	C.			\$	
8. Church School Me	mbership:		d.			\$	
a. Teachers,	Officers		23. PE Distric	-		\$	
					nnuity Insurance		
						_ \$	
			b.	PE	. \$	\$	
	nip		25. Receipt o	n General Budge	žt	\$	
	·s					\$	
	med		27. Total Gen	eral Budget		\$	
	ization Membership		28. General C	Conference Suste	ntation	\$	
	p					\$	
	)					\$	
	)			•		\$	
	hip					\$	
16. Annual Conferen						\$	
	Elders/Deacons					\$	
	ers/Deacons				r & Delegate	\$	
	Evangelist/Missionary		36. Subscripti				
	lders/Deacons		a.	The AME Character	corder (\$36.00)	\$	
	S		b. c.	The Voice of Mic	neview (\$25.00)	\$	
	erary		d.			\$	
	embers		e.			\$	
	your deed on file with the A		f.			\$	
	he Book of Discipline?		g.	The YPD Newslet	tter (\$10.00)	\$	
	projects within the church r		Tot	tal Subscriptions		\$	
	h?		37. Total Bro	ught to Annual C	Conference	\$	
⊺8a. <b>What year was t</b>	the local church founded?		11	•			

REAL ESTATE Statistics 38. Property Valuation 39. Mortgage Balance 40. Insurance Company 41. Insurance Premium 42. Coverage Amount 43. Coverage Type 44. Coverage Renewal Date	(A) Church Building	(B) <u>Parsonage</u>	(C) Building 1	you have additional buildings, submit under separate co (D) Building 2
SPONSORED NOT FOR	R PROFITS (Child Care, Ser	nior Care, Housing, Tutorial, etc.)	Please answer the following qu	uestions, if applicable to your church
Name <i>(Type)</i> Tax ID Federal Funds State Funds Local Funds Private Funds Fund Balance	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D
	PASTOR AND	CHURCH MINIS	TRY INITIAT!	
<ol> <li>Do you have a Youth Minister</li> <li>Do you have a Young Adult</li> <li>Does your congregation have</li> <li>Does your congregation have</li> <li>Did you sponsor a voter reg</li> <li>How many registered and at</li> <li>What is the one thing that have</li> <li>What is your dream for how</li> <li>What plans have you and the</li> <li>How can the annual conference</li> <li>How would you sum up the or</li> </ol>	er on staff? Youth Min Minister on staff? Your we a Sons of Allen Men's Ministry? we a Prison Ministry? gistration drive this Conference Yeattended Christian Education Congresas excited you this year, as a past the church you serve might look the church made to fulfill that vision? ence assist in fulfilling that vision? current spiritual health of the congress.	nister's Name ng Adult Minister's Name How many men are ir How many inmates touched? ar? How man tess 2019? How man tor? three years from now?	Email Address Email Address _ nvolved?  ny registered this Conference Yeary do you intend to register for	
14. What did you do to address	your self-care?			
<ul><li>16. What academic concerns wo</li><li>17. Does your church have an o</li><li>18. Does your church utilize virt</li></ul>	ould you appreciate the Ministers' fonline giving option?tual church technology?	•		
I hereby certify that to the best of m	y knowledge and belief, the above is a	true and accurate statement of the NUME.	RICAL and FINANCIAL conditi	ion of the Charge, for this Conference Year.
Pastor in Charge		Annual Conference Delegate		 Date

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IST THE NAMES AND C	CONTACT INFORMATIO	ON OF THE LOCAL DEACON: <u>City/St/Zip</u>	S WHO ARE PART OF N	YOUR CONGREGATION  Email Address	DO
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