

District Church Quarterly Report

Thank you for submitting this report by the 15th of April/July/October/January.

Quarter _____

PLEASE NOTE:

The purpose of this accountability form is to help district leaders maintain a greater level of awareness, enhanced communication, timely assistance and supervision, thereby facilitating AGK's guiding purpose which is "to strengthen and establish effective Pentecostal leaders and churches."

Church Name _____ Church City _____

Pastor _____

Email _____

Phone: Church _____ Other _____

Church Status: _____ Section # _____

In the last 3 months:

What books have you read and what idea(s) stood out to you?

Have you attended any conferences or trainings?

Which one(s)?

What did you gain from it/them?

How are you practicing the principle of Sabbath?

Have you listened to any messages that ministered to you?

What was one point that stuck with you?

What are you personally studying?

What new ministry process(es) or tactic(s) have you tried?

Which one(s) succeeded?

Which ones didn't work as you had hoped?

What did you learn?

What community activities were you involved in recently?

What community activities are you planning in the near future?

The AGK leadership could really help me or this church by...

Administrative Issues

I had AT LEAST 2 Support Team meetings this quarter.

I attended my most recent Sectional gathering.

Support Team meeting minutes are available upon request.

Property/Casualty Insurance is current.

We have overdue bills.
They are:

NOTE: Pastor's past-due salary cannot exceed 1 month without approval from the district Superintendent or his designee.

Average Attendance

Sunday School

Sunday Morning

Sunday Evening

Midweek

Please use this box to report special items of interest, as well as needs or problems. We would love to hear about someone getting saved, baptized in water, filled with the Spirit, starting a ministry, etc!

Financial Information

	1 st Month of Quarter	2 nd Month of Quarter	3 rd Month of Quarter
Beginning Balance			
Total Income			
Total Expenses			
Ending Balance			

Name of person completing this report

Presbyter or district office use only

Date received

Date reviewed

Date of response

Optional comments: