



Second Episcopal District of the African Methodist Episcopal Church

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2024 PASTOR'S ANNUAL REPORT - SAMPLE FORM

Annual Conference: _____

Conference Opening Date: _____

Pastor's Name: _____

Pastor's Address: DOES NOT DISPLAY ON PUBLIC FORM

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Presiding Elder District: _____

Presiding Elder's Name: _____

Name of Church: _____

Church's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Congressional District No.: _____ Congressperson: _____

City Mayor: _____

County Commissioner: _____

County School Superintendent: _____

NUMERICAL STATISTICS

1. Conversions: _____

2. Accessions: _____

3. Evangelist Goal Projected: (Last Year) _____

4. Deaths: _____

5. Baptisms:

a. Adults: _____

b. Youth: _____

c. Children: _____

Total Baptisms _____

6. Full Members

a. Adults: _____

b. Youth: _____

c. Children: _____

Total Membership _____

7. What was your average church attendance? _____

8. Church School Membership:

a. Teachers/Officers _____

b. Infants _____

c. Children _____

d. Youth _____

e. Adults _____

Total Membership _____

9. Registered Voters _____

10. Marriages Performed _____

11. Local Lay Organization Membership _____

12. WMS Membership _____

13. YPD Membership _____

14. SOA Membership _____

15. RAYAC Membership _____

16. Annual Conference Members

a. Itinerant Elders/Deacons _____

b. Local Elders/Deacons _____

c. Licensed Evangelist/Missionary _____

d. Retired Elders/Deacons _____

e. Licentiates _____

f. Supernumerary _____

g. Total Members _____

17. Is there a copy of your deed on file with the Annual Conference, in accordance with the Book of Discipline? _____

18. No. of community projects within the church receiving funds from outside the Church? _____

18a. What year was the local church founded? _____

FINANCIAL STATISTICS

19. Funds Raised for Local Church

a. Total Raised (Tithes, Offerings, Other)..... \$ _____

b. Total Other Income (Rentals, etc.) \$ _____

c. Total Rec'd (Grants/Awards/Bequeaths) \$ _____

d. Total Rec'd Property Sold \$ _____

e. Total Funds \$ _____

20. Indebtedness

a. Stewards \$ _____

b. Trustees \$ _____

c. Central Budget \$ _____

d. Total Indebtedness \$ _____

21. Church Treasury Balance

a. Stewards \$ _____

b. Trustees \$ _____

c. Building Fund \$ _____

d. Central Budget \$ _____

e. Total Treasury Balance \$ _____

22. Pastor's Compensation SECTION DOES NOT DISPLAY ON PUBLIC FORM

a. Base Salary \$ _____

b. Housing Allowance \$ _____

c. Requisites (Health Ins, Auto, etc) \$ _____

d. Total Compensation \$ _____

23. PE District Budget \$ _____

24. Annuity Investment and Annuity Insurance

a. Pastor..... \$ _____

b. PE \$ _____

25. Receipt on General Budget \$ _____

26. Cash on General Budget \$ _____

27. Total General Budget \$ _____

28. General Conference Sustentation \$ _____

29. Annual Conference Support \$ _____

30. SED Education Fund \$ _____

31. Pre-Offering \$ _____

32. Quadrennial Support..... \$ _____

33. AC Sustentation for Pastor & Delegate \$ _____

34. Subscriptions

a. The Christian Recorder (\$36.00) \$ _____

b. The AME Church Review (\$25.00) \$ _____

c. The Voice of Missions (\$25.00) \$ _____

d. The Journal of Christian Ed. (25.00) \$ _____

e. The Missionary Magazine (25.00) \$ _____

f. The Secret Chamber (\$25.00) \$ _____

g. The YPD Newsletter (\$10.00) \$ _____

Total Subscriptions \$ _____

35. Retirement Support..... \$ _____

36. Total Brought to Annual Conference \$ _____

REAL ESTATE*(If you have additional buildings, submit under separate cover)***Statistics****(A) Church Building****(B) Parsonage****(C) Building 1****(D) Building 2**

37. Property Valuation

38. Mortgage Balance

39. Insurance Company

40. Insurance Premium

41. Coverage Amount

42. Coverage Type

43. Coverage Renewal Date

SPONSORED NOT FOR PROFITS *(Child Care, Senior Care, Housing, Tutorial, etc.)**Please answer the following questions, if applicable to your church*Name *(Type)***PROGRAM A****PROGRAM B****PROGRAM C****PROGRAM D**

Tax ID

Federal Funds

State Funds

Local Funds

Private Funds

Fund Balance

*(If you have additional programs, submit under separate cover)***PASTOR AND CHURCH MINISTRY INITIATIVES**

1. Does your church have a specific ministry directed to Children, Youth and Young Adults? _____ How many young people are involved? _____
2. Do you have a Youth Minister on staff? _____ Youth Minister's Name _____ Email Address _____
3. Do you have a Young Adult Minister on staff? _____ Young Adult Minister's Name _____ Email Address _____
4. Does your congregation have a Sons of Allen Men's Ministry? _____ How many men are involved? _____
5. Does your congregation have a Prison Ministry? _____ How many inmates touched? _____
6. Did you sponsor a voter registration drive this Conference Year? _____ How many registered this Conference Year? _____
7. What is the one thing that has excited you this year, as a pastor? _____
8. What is your dream for how the church you serve might look three years from now? _____

9. What plans have you and the church made to fulfill that vision? _____

10. How can the annual conference assist in fulfilling that vision? _____
11. How would you sum up the current spiritual health of the congregation? _____

12. How would you describe the overall morale of the congregation? _____

13. What did you do to address your self-care? _____

14. Did you participate in any continuing education learning activities? _____ What were they _____
15. What academic concerns would you appreciate the Ministers' Retreat/Institute focus on this year? _____
16. Does your church have an online giving option? _____
17. Does your church utilize virtual church technology? _____
18. Does your church have a food ministry? _____ How many people did you feed this year? _____

*I hereby certify that to the best of my knowledge and belief, the above is a true and accurate statement of the NUMERICAL and FINANCIAL condition of the Charge, for this Conference Year.*_____
Pastor in Charge_____
Annual Conference Delegate_____
Steward Pro Tem_____
Date