



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



2017 PASTOR'S ANNUAL REPORT

Annual Conference:
Conference Opening Date:
Pastor's Name:
Pastor's Address:
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:

NUMERICAL STATISTICS

- 1. Conversions:
2. Accessions:
3. Deaths:
4. Baptisms:
5. Full Members:
6. What was your average church attendance?
7. Church School Membership:
8. Registered Voters
9. Marriages Performed
10. Local Lay Organization Membership
11. WMS Membership
12. YPD Membership
13. SOA Membership
12. RAYAC Membership
13. Annual Conference Members
14. Is there a copy of your deed on file with the Annual Conference...
15. Number of community projects within the Church receiving funds from outside the Church...

FINANCIAL STATISTICS

- 16. Funds Raised for Local Church
17. Indebtedness
18. Real Estate
19. Church Treasury Balance
20. PE District Budget
21. Annuity Investment and Annuity Insurance
22. Receipt on General Budget
23. Cash on General Budget
24. Total General Budget
25. General Conference Sustentation
26. Annual Conference Support
27. Education Fund
28. Public Offering
29. Roll Call
30. Church School Offering
31. Conference General Conference
32. Sustentation for Pastor & Delegate
33. Subscriptions
34. Total Brought to Annual Conference

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

Date



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QUESTIONS TO EVALUATE THE HEALTH OF YOUR CHURCH

1. What is the one thing that has excited you this year as a pastor?

2. What is your vision for ministry (of any kind) in your church?

3. What plans have you made to fulfill your vision?

4. How would you describe the level of spiritual maturity in your church?

5. Are you developing new leaders, and how are you doing that?

6. How would you describe the overall morale of your church?

7. How many books have you read this year? _____

	<i>Book Title</i>	<i>Author</i>
a.	_____	_____
b.	_____	_____
c.	_____	_____

Please answer the following questions if applicable to your church

SPONSORED NOT FOR PROFITS

(Child Care, Senior Care, Housing, Tutorial, etc.)

	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D
Name (<i>Type</i>)	_____	_____	_____	_____
Tax ID	_____	_____	_____	_____
Federal Funds	_____	_____	_____	_____
State Funds	_____	_____	_____	_____
Local Funds	_____	_____	_____	_____
Private Funds	_____	_____	_____	_____
Fund Balance	_____	_____	_____	_____

Pastor's Name _____

Church's Name _____



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Dear Pastors,

As part of the “**Improve and Take Control of Our Health**” initiative we are seeking to find out the prevalence of health providers in the 2nd Episcopal District. Please present this questionnaire to your respective congregations and forward the responses for your church on the same date that your pastoral report is due.

In His Service,

James L. Davis

Servant Bishop

HEALTH CARE PROFESSIONAL QUESTIONNAIRE

Name: _____

Church: _____

Church Address: _____

Annual Conference: _____

Health Care Profession: _____

Specialty: _____

Office address: _____

Email: _____ Contact Phone: _____

- 1) Would you be willing to participate in upcoming health care events? ____ (Yes) ____ (No)
- 2) Would you be willing to do global medical missions work? ____ (Yes) ____ (No)
- 3) Would you be willing to do medical missions work locally? ____ (Yes) ____ (No)
- 4) Would you be willing to be a speaker at AME conferences? ____ (Yes) ____ (No)
- 5) Would you be willing to join a proposed medical ministry? ____ (Yes) ____ (No)

Thank you for your cooperation.