

MIDDLE FLORIDA GEORGIA PRIMITIVE BAPTIST ASSOCIATION

www.mfgba.org

ELDER WILBERT AUSTIN, MODERATOR

PO BOX 3520 ∞ Tallahassee, FL 32315 ∞ (850)528-4462

ASSOCIATION'S ANNUAL CHURCH REPORTING FORM

Date _____

Church Name _____ Telephone Number _____

Mailing Address _____

Email Address _____

Pastor _____

Enrollment to Association

<u>Category</u>	<u>Number</u>	<u>Fee Paid</u>	<u>Requested Fee</u>
Pastor	_____	\$ _____	\$100.00
Ordained Elders	_____	\$ _____	\$100.00
_____	_____	_____	_____
Licensed Ministers (Add Names)	_____	_____	\$25.00
_____	_____	_____	_____
Deacons	_____	\$ _____	\$25.00
Deacon Board	_____	\$ _____	\$15.00
Mother Board	_____	\$ _____	\$15.00
Usher Board	_____	\$ _____	\$15.00
Choir	_____	\$ _____	\$15.00
Church Report (\$7.00 per member)	_____	\$ _____	_____
Delegates (Add Names below)	_____	\$ _____	\$ 25.00
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL REPORTED \$ _____

_____ Clerk

PRE-REGISTRATION DEADLINE – OCT 1ST

MAIL REGISTRATION TO: Middle Florida Georgia Primitive Baptist Association
P.O. Box 3520, Tallahassee, FL. 32315

Revised 8/2024

DO NOT WRITE IN THIS SPACE

Received by _____ Check Number _____ Date Rcvd _____