

2021 ANNUAL CHURCH PROFILE

Church Name: _____ Association: _____
Mailing Address: _____ BGCT ID: _____
City: _____ State: _____ Zip: _____ SBC ID: _____
SBC Password: _____

The purpose of the Annual Church Profile (ACP) is to enable your church to examine its yearly progress of ministry and growth. As you cooperatively share this information, associations, state conventions and Baptist agencies are better able to assist your church in all areas of church life. Thank you for helping us gather this very important information!

ACP INSTRUCTIONS FOR BGCT AND SBC Workspace

The ACP reporting processes for the Texas Baptists (BGCT) and the SBC Workspace (formerly SBDS-Southern Baptist Directory Service) have been combined into this one booklet format. Churches have the option to use either process.

If you use this booklet to complete your church profile, keep a copy as a historical record for your files and return this booklet to your association per their instructions.

There are three parts to this booklet – Please complete all three.

- Statistical Profile (Pg. 3)** **Leadership Profile (Pg. 4)** **Historical Profile (Pg. 11)**

If your church needs a Spanish Annual Church Profile, please contact your associational office, or go online to texabaptist.org/acp.

For 2021, there are two online options for reporting your church's ACP: or you may choose to fill out the printed booklet.

Filing electronically is preferred. Churches that file electronically also have the option to print a copy for their records. Churches that choose not to file electronically can fill out the printed booklet, make a copy for their records and give the original file to their association.

Internet: (preferred option)

- **Texas Baptists (BGCT)** — Online Community — for instructions on how to login to the Texas Baptists Community, go to the following website: txb.org/acp. You can also contact Texas Baptists at imt@texasbaptists.org or (888) 244-9400
- **SBCWorkspace** — Your username and password for SBC Workspace can be found on **Page 3** or by contacting your Association or Texas Baptists (BGCT).
- **For Assistance** you can call Texas Baptists at (888)244-9400 or email imt@texasbaptists.org

Manual:

As you complete this booklet, please review the information already provided, making corrections where necessary.

- We ask that you do NOT include mission figures with your ACP. Instead, make sure a separate ACP is completed for each mission your congregation sponsors. Extra booklets are available from your association or online at texasbaptists.org/acp.
1. The Statistical Profile (page 3): Please enter statistical data for a full twelve months. Please see page 2 for all other detailed definitions.
 2. The Leadership Profile (page 4): Please enter the names, mailing addresses, phone numbers and email addresses of your church leadership. Provide names only for the positions you have.
 3. The Historical Profile (page 11): A means to record significant events of your church. It also has a place to list names of members who passed away during the year. Make a copy of the form for your church records.
 4. Mail or deliver your 2021 ACP forms to your association on or before the due date supplied by your local association.
 5. We ask that all ACP information be returned by the church/associations to Texas Baptists (BGCT) or submitted on-line by November 30, 2021.

Person completing this form: _____ Position: _____
Phone: _____ Email Address: _____
Date: _____

STATISTICAL PROFILE DEFINITIONS

The definitions of the statistical items are worded to be general rather than program specific because not all churches use the same programs. For example, "Bible Study" and "Missions Education" can be done through different types of programs but the general purpose or goal would be the same.

REPORTING PERIOD: In the boxes provided please enter the information using the church's budgeting year that ends in the current year.

- 1a. **TOTAL MEMBERS:** Total of both resident and nonresident members. Do NOT include in Items 1a. and 1b persons who are members of any church-type missions which your congregation is sponsoring. (These members should be included in the ACP completed by the church-type mission.)
- 1b. **RESIDENT MEMBERS:** Resident members are those members who live close enough to your congregation to attend.
2. **TOTAL BAPTISMS:** Total number of baptisms during the 2020-2021 reporting year. (Add Items 2a-2d, total baptisms by age groups).
3. **OTHER ADDITIONS:** Number who became members of your congregation during the 2020-2021 reporting year by ways other than baptism (letter of transfer, statement, etc.).
4. **(a-b). WEEKLY WORSHIP ATTENDANCE:**
 - a. **Weekly Worship Attendance:** Average number in the weekly worship service(s). If not kept, use the attendance for the last Sunday of the 2020-2021 reporting year.
 - b. **Online Worship:** Average number participating in the weekly (primary) worship service(s) online during the 2020-2021 reporting year.
5. **(a-c). BIBLE STUDY:**
 - a. **Total Enrollment:** Total number of persons enrolled in ongoing Bible Study/Sunday School/Small Groups.
 - b. **Weekly Average Attendance:** Average number attending Bible study each week during the 2020-2021 reporting year. This may be an ongoing Sunday School class, Bible Study, Small Group, or similar group. Include all ages from babies to adults without counting anyone twice.
 - c. **Online Bible Study:** Average number participating in the weekly Bible Study online during the 2020-2021 reporting year.
6. **VBS ENROLLMENT:** Number enrolled in Vacation Bible School for your congregation.
7. **(a-d). TOTAL MISSION PROJECTS PARTICIPATION:** Total number of persons in your congregation who participated in mission projects (such as Disaster Relief, Baptist Builders, construction, church planting, evangelism, Bible clubs, surveys, etc.). Persons may be counted for each mission project in which they participated (Add Items 7a-7d).
8. **(a-c). MISSIONS EDUCATION:** Total number of individuals participating in missions education. This includes all WMU, Baptist Men & Boys and Other missions education programs.
9. **UNDESIGNATED RECEIPTS GIVING:** Total amount of all undesignated gifts given by individuals. Undesignated receipts are gifts which the congregation decides how the money will be spent (by its budget or other means). This includes regular budget offerings and loose monies from the offering.
10. **TOTAL RECEIPTS GIVING:** Total amount of all money received by the congregation. This amount should be the total of Undesignated Receipts/ Giving (Item 9), designated gifts and other receipts (may include income from rentals, day school or kindergarten fees, savings, pastoral aid, parking fees, etc.). (Item 10 should be equal to or larger than Item 9).
11. **TOTAL MISSIONS EXPENDITURES/GIVING:** Total amount of all money given to Southern Baptist and non-Southern Baptist mission causes by the congregation. This includes Great Commission Giving (Item 12) PLUS any additional monies given for non-Southern Baptist mission causes. (Item 11 should be equal to or larger than Item 12).
12. **GREAT COMMISSION GIVING:** Total amount of all money given to all Southern Baptist mission causes by the congregation. This includes monies given to: Cooperative Program (Item 13), Annie Armstrong (Item 14), Lottie Moon (Item 15), and Mary Hill Davis (Item 16), PLUS monies given to associations, and other state convention missions, as well as any other Southern Baptist mission cause.
13. **COOPERATIVE PROGRAM GIVING:** Total amount of all money given through the Cooperative Program during the 2020-2021 reporting year.
14. **LOTTIE MOON CHRISTMAS OFFERING:** Total amount of money given during the 2020-2021 reporting year to the Lottie Moon Christmas Offering for International Missions.
15. **ANNIE ARMSTRONG EASTER OFFERING:** Total amount of money given during the 2020-2021 reporting year to the Annie Armstrong Easter Offering for North American Missions.
16. **MARY HILL DAVIS STATE MISSIONS OFFERING:** Total amount of money given during the 2020-2021 reporting year to the Mary Hill Davis Offering for Texas State Missions.
17. **TOTAL GIVEN TO ASSOCIATIONAL MISSIONS:** Total amount of all money given to your local Association for missions during the 2020-2021 reporting year.

2021 ANNUAL CHURCH STATISTICAL PROFILE

Do not leave any empty blanks. If you do not have specific data to report please enter zero.

Congregation: _____ Association: _____

Year Organized: _____ BGCT ID: _____

Legal Name: _____ SBC ID: _____

Employer Identification Number: _____ SBC Password: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Fax: _____

Email: _____ Web Address: _____

Facebook Page: _____ Twitter: _____

Largest Ethnic Group: _____ If Mission: _____

Language: _____ Sponsor Name & City: _____

Sr. Pastor Name: _____ SBC ID: _____

Year Sr. Pastor Came: _____ BGCT ID: _____

MEMBER INFORMATION

1a. Total Members

1b. *Resident Membership

2. Total Baptisms

a. 11 years and under

b. 12-17 years of age

c. 18-29 years of age

d. 30 and up

3. Other Additions

4a. Weekly Worship Attendance

4b. Online Worship

BIBLE STUDY

5a. *Total Bible Study Enrollment

5b. Weekly Bible Study Average Attendance

5c. Online Bible Study

MISSIONS

6. VBS Enrollment

7. Total Mission Projects Participation

a. Local Community

b. State

c. U.S. & Canada

d. International

MISSIONS EDUCATION

8a. *Total WMU (Mission Friends, GA's, Acteens, etc.)

8b. *Total Baptist Men and Boys (Challengers, RA's, etc.)

8c. *Total Other Programs (Awana, TeamKID, etc.)

FINANCIAL INFORMATION (Whole Dollars)

9. Undesignated Receipts/Giving

10. Total Receipts/Giving

11. Total Missions Expenditures/Giving

12. Great Commission Giving

13. Cooperative Program Giving

14. Lottie Moon Christmas Offering

15. Annie Armstrong Easter Offering

16. *Mary Hill Davis State Missions Offering

17. *Total Given to Associational Missions

*Supplemental Information for the Texas Baptists (BGCT) & Associations

Person completing this form _____ Date _____

Date _____
BGCT ID # _____
Initial _____

2021 CHURCH LEADERSHIP PROFILE

Read this entire page before beginning.

Use of Leadership Information

The names and contact information collected through the ACP process are used to compile the official lists of church staff and other positions. Associations and conventions use these names and contact information to communicate helpful information. Persons receiving such communication may request to be removed from future mailings. Lists are not made available to individuals or groups outside Baptist life.

Completing the Leadership Profile

Please enter the names, mailing addresses, phone numbers and email addresses of your church leadership. Select the closest match to your church positions. If the title does not match exactly, you can change it in the space provided. For combination positions, i.e., music and youth, select one position and rename the current title.

If your church has more positions than those listed, feel free to list those on additional sheets and keep for your historical records.

Positions on this profile:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Senior Pastor | <input type="checkbox"/> Treasurer/Stewardship/ | <input type="checkbox"/> Adults | <input type="checkbox"/> WMU Director |
| <input type="checkbox"/> Associate Pastor | Finance Chairman | <input type="checkbox"/> Senior Adults | <input type="checkbox"/> Baptist Men/ Brotherhood |
| <input type="checkbox"/> Music | <input type="checkbox"/> Youth | <input type="checkbox"/> Young Adults | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Education | <input type="checkbox"/> Children | <input type="checkbox"/> Single Adults | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Preschool | <input type="checkbox"/> Bible Study (Sunday School) | <input type="checkbox"/> Media/Library |
| <input type="checkbox"/> Church Secretary | <input type="checkbox"/> Missions | <input type="checkbox"/> Discipleship Training | |
| <input type="checkbox"/> Church Clerk | <input type="checkbox"/> College | <input type="checkbox"/> Women's Ministry | |
| <input type="checkbox"/> Deacon Chairman | | | |
- Other (examples include: Pastoral Care/Counseling, Technology, Multi-housing, Restorative Justice, Weekday Care, Community Ministries, Recreation, Special Needs, Creative Arts, Multi-Media Communications, Worship Pastor/Leader)

Senior Pastor (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Associate Pastor (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Music (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Education (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Administrator (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Church Secretary (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Church Clerk (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Deacon Chairman (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Treasurer/Stewardship/Finance Chairman (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Youth (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Children (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Preschool (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Missions (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

College (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

AAddress: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Senior Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Young Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Single Adults (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Bible Study (Sunday School) (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Discipleship Training (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Women's Ministry (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

WMU Director (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Baptist Men/Brotherhood (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Evangelism (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Prayer (your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Media/Library (Your position title, if different) _____

Name: _____ Start date: _____

Titles: (Check all that apply) Rev Pastor Dr Chap Mr Mrs Ms

Mailing Address: (Check one) Home Church

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Home Church Cell Business

Email address: _____ Home Church

Twitter: _____

Ethnicity: _____ Language(s) spoken: _____ Licensed Ordained

Full-time (Fully-funded) Part-time (Partially-funded) Bi-vocational Interim Volunteer (Non-funded)

Attach additional pages if needed.

2021 CHURCH HISTORICAL PROFILE

REPRESENTATIVES ON ASSOCIATIONAL EXECUTIVE BOARD

| Name | Street, RT, Box | City, State, Zip+4 | Phone |
|------|-----------------|--------------------|-------|
|------|-----------------|--------------------|-------|

MESSENGERS TO THE ASSOCIATION

| Name | Street, RT, Box | City, State, Zip+4 | Phone |
|------|-----------------|--------------------|-------|
|------|-----------------|--------------------|-------|

MISSION(S) OPERATED BY CHURCH (Include pastor's name and address)

| Mission Name | Name of Pastor | Street, RT, Box | City, State, |
|--------------|----------------|-----------------|--------------|
| | | | Zip+4 |

IF YOUR CHURCH HAD A CHANGE IN PASTOR(S) INCLUDING INTERIM DURING THE YEAR, LIST THE PASTOR(S) WHO LEFT AND HIS ADDRESS AND THE DATE HE LEFT.

| Name | Street, RT, Box | City, State, Zip+4 | Date Left |
|------|-----------------|--------------------|-----------|
|------|-----------------|--------------------|-----------|

MINISTERS LICENSED DURING THE YEAR

| Name | Street, RT, Box | City, State, Zip+4 | Phone |
|------|-----------------|--------------------|-------|
|------|-----------------|--------------------|-------|

MINISTERS ORDAINED DURING THE YEAR

| Name | Street, RT, Box | City, State, Zip+4 | Phone |
|------|-----------------|--------------------|-------|
|------|-----------------|--------------------|-------|

HISTORICAL EVENTS OF INTEREST DURING ASSOCIATIONAL YEAR (New buildings, dedications, new ministries, new missions, etc.)

MEMBERS DECEASED DURING THE YEAR (Indicate Mr., Mrs., Miss, Deacon, Ordained Minister)

| NAME | NAME | NAME |
|------|------|------|
|------|------|------|

Attach additional pages if needed.

If you have questions, contact:

Daniel Kilcoyne

Information Management Team, Texas Baptists

Phone: 214-828-5289 or 888-244-9400

Email: daniel.kilcoyne@txb.org

Information Management Team

Texas Baptists

Phone: 888-244-9400

Email: imt@texasbaptists.org



7557 Rambler Road, Suite 1200

Dallas, TX 75231-2388

txb.org