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.

Filling 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: Phone: _____ Email Address: Date:

__ Position:_____

Page 1

3GCT ID #

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 churchtype 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).

- (a-c). MISSIONS EDUCATION: Total number of individuals participating in missions education. This includes all WMU, Baptist Men & Boys and Other missions education programs.
- 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:				
Facebook Page:				
Largest Ethnic Group:	If Mission:			
Language:		City:		
Sr. Pastor Name:	SBC ID:			
Year Sr. Pastor Came:				

MISSIONS

MEMBER INFORMATION

Date

				(Whole Dollars)	
#	1a. Total	Vembers 6.	VBS Enrollment	9.	Undesignated
₽	1b*Resid Membe		Total Mission	9.	Receipts/Giving
BGCT Initial_	2. Total E	aptisms	Projects Participation	10	Total Receipts/ Giving
	u u	1 years and hder	a.Local Community	11	Total Missions Expenditures/Giving
	o	2-17 years	b.State	12	Great Commission Giving
	c. 18-29 years of age d. 30 and up	c. U.S. & Canada	13	Cooperative Program Giving	
		Additions	d.International	14	Lottie Moon Christmas Offering
	4a. Week	ly Worship	S EDUCATION	15	Annie Armstrong Easter Offering
	4b. Online	e Worship	*Total WMU (Mission Friends,	16	*Mary Hill Davis State Missions
	BIBLE STUDY		GA's, Acteens, etc.)		Offering
	5a. *Total Study	Bible 8b.	*Total Baptist Men and Boys (Challengers, RA's,	17	*Total Given to Associational Missions
		y Bible Study ge Attendance _{8c.}	etc.) *Total Other		
	5c. Online	Bible Study	Programs (Awana, TeamKID, etc.)		

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

FINANCIAL INFORMATION

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:

- Senior Pastor
- Associate Pastor
- Music
- Education
- □ Administrator
- Church Secretary
- Church Clerk
- Deacon Chairman
- □ Treasurer/Stewardship/ □ Adults Senior Adults
 - Finance Chairman
- Youth
- Children
- Preschool
- Missions
- College
- □ Single Adults □ Bible Study (Sunday School)

Young Adults

- Discipleship Training
- Women's Ministry

- WMU Director
- Baptist Men/
- Brotherhood
- Evangelism
- Prayer
- Media/Library
- 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:				St	art 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:							
Twitter:							
Ethnicity: La					ed 🛯 Orda	ined	
□ Full-time (Fully-funded) □ F	Part-time (F	Partially-funde	ed) 🗆 B	i-vocational 🗔 I	nterim 🗔 🗸	/olunteer	(Non-funded)
Associate Pastor (Your p	osition title	if different)					
Name:							
Titles: (Check all that apply)							
Mailing Address: (Check one)	□ Home	Church					
Address:		City:		_County:	State:	_ Zip:	
Phone:				🛛 Home	🗅 Church	🗅 Cell	🖵 Business
Email address:							
Twitter:							
Ethnicity: La					ed 🛯 Orda	ined	
□ Full-time (Fully-funded) □ F							(Non-funded)

<u>Music</u> (Your position title, if different) _						
Name:			Sta	art date:		
Titles: (Check all that apply)	Pastor	🗆 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	❑ Ms
Mailing Address: (Check one) 🗅 Home	Church					
Address:	City:		County:	_State:	_ Zip:	
Phone:			🛛 Home	Church	🖵 Cell	Business
Email address:						
Twitter:						
Ethnicity: Language(s)	spoken:		Licens	ed 🛯 Orda	ined	
□ Full-time (Fully-funded) □ Part-time (Partially-funde	ed) 🗖 B	i-vocational 🗅 li	nterim 🗅 🕽	/olunteer	(Non-funded
Education (Your position title, if different	ent)					
Name:			Sta	art date:		
Titles: (Check all that apply)	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:		🗅 Licens	ed 🛯 🖵 Orda	ined	
$\hfill \square$ Full-time (Fully-funded) $\hfill \square$ Part-time (Partially-funde	ed) 🖵 B	i-vocational 🛛 🛛	nterim 🛛 🗅 🔪	/olunteer	(Non-funded
Administrator (Your position title, if o	lifferent)					
Name:			Sta	art date:		
Titles: (Check all that apply)	Pastor	🗅 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	🗅 Ms
Mailing Address: (Check one) 🗅 Home	Church					
Address:	City:			- · ·		
			County:	_State:	_ Zip:	
Phone:						
Phone: Email address:			🛛 Home	Church		
Email address:			🗅 Home 🗅 Home	Church		
			🖬 Home 🖬 Home	Church	□ Cell	
Email address: Twitter:	spoken:		□ Home □ Home □ Licens	Church	Cell	Business
Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Church Secretary (Your position title	spoken: Partially-funde e, if different)	ed) 🖵 Bi	I Home I Home I Home I Home I Licens i-vocational I I	Church	Cell ined /olunteer	Business (Non-funded
Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Church Secretary (Your position title Name:) spoken: Partially-funde e, if different)	ed) 🖵 B	□ Home □ Home □ Licens i-vocational □ Ii Sta	Church Church Church ed Orda nterim N art date:	Cell ined /olunteer	Business (Non-funded
Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Church Secretary (Your position title) spoken: Partially-funde e, if different)	ed) 🖵 B	□ Home □ Home □ Licens i-vocational □ Ii Sta	Church Church Church ed Orda nterim N art date:	Cell ined /olunteer	Business (Non-funded
Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Church Secretary (Your position title Name:) spoken: Partially-funde e, if different) _ □ Pastor	ed) 🖵 B	□ Home □ Home □ Licens i-vocational □ Ii Sta	Church Church Church ed Orda nterim N art date:	Cell ined /olunteer	Business (Non-funded
Email address: Twitter: Ethnicity: Language(s) I Full-time (Fully-funded) I Part-time (Church Secretary (Your position title Name: Titles: (Check all that apply) I Rev Mailing Address: (Check one) I Home Address:) spoken: Partially-funde e, if different) □ Pastor □ Church City:	ed) 🗆 Bi	□ Home □ Home □ Licens i-vocational □ Ii Sta Chap County:	Church Church Church ed Orda nterim \ Mr State:	Cell ined /olunteer	Business (Non-funded Ms
Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Church Secretary (Your position title Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home) spoken: Partially-funde e, if different) □ Pastor □ Church City:	ed) 🗆 Bi	□ Home □ Home □ Licens i-vocational □ Ii Sta Chap County:	Church Church Church ed Orda nterim \ Mr State:	Cell ined /olunteer	Business (Non-funded Ms
Email address: Twitter: Ethnicity: Language(s) I Full-time (Fully-funded) I Part-time (Church Secretary (Your position title Name: Titles: (Check all that apply) I Rev Mailing Address: (Check one) I Home Address:) spoken: Partially-funde e, if different) □ Pastor □ Church City:	ed) 🖬 Bi	□ Home □ Home □ Licens i-vocational □ I Sta Chap County:	Church Church Church ed Orda nterim N art date: Mr State: Church	Cell ined /olunteer	Business (Non-funded Ms
Email address: Twitter: Ethnicity: Language(s) I Full-time (Fully-funded) I Part-time (Church Secretary (Your position title Name: Titles: (Check all that apply) I Rev Mailing Address: (Check one) I Home Address: Phone:) spoken: Partially-funde e, if different) _ □ Pastor □ Church City:	ed) 🗆 Bi	□ Home □ Home □ Licens i-vocational □ I Sta Chap County: □ Home □ Home	Church Church Church ed Orda nterim N art date: Mr State: Church	Cell ined /olunteer	Business (Non-funded Ms
Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Church Secretary (Your position title Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone: Email address:) spoken: Partially-funde e, if different) _ Destor Church City:	ed) 🖬 Bi	□ Home □ Home □ Licens i-vocational □ I Sta Chap Sta Chap	Church	Cell ined /olunteer D Mrs Zip: Cell	Business (Non-funded Ms

	Church Clerk (Your position title, if d	ifferent)					
	Name:			St	art date:		
	Titles: (Check all that apply)	Pastor	🗅 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	🗅 Ms
	Mailing Address: (Check one) 🗅 Home	🗅 Church					
	Address:	City:		County:	_State:	_ Zip:	
	Phone:			🛛 Home	Church	🗅 Cell	Business
	Email address:						
	Twitter:						
	Ethnicity: Language(s)	spoken:		🗅 Licens	ed 🛛 Orda	ined	
	□ Full-time (Fully-funded) □ Part-time (Partially-funde	ed) 🛛 🕁 B	i-vocational 🛛 I	nterim 🕒 🛚	/olunteer	(Non-funded
	Deacon Chairman (Your position	title, if diffe	rent)				
	Name:			St	art date:		
	Titles: (Check all that apply)	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)			🗅 Licens	ed 🛯 Orda	ined	
	□ Full-time (Fully-funded) □ Part-time (Partially-funde	ed) 🗆 B	i-vocational 🛛 I	nterim 🗖 🛚	/olunteer	(Non-funded
	Treasurer/Stewardship/Finance	Chairman	(Your po	sition title, if diffe	erent)		
	 Name:		· ·				
	Titles: (Check all that apply)						
	Mailing Address: (Check one) 🗅 Home	Church					
	Address:	City:		County:	_State:	_ Zip:	
	Phone:						
	Email address:						
	Twitter:						
	Ethnicity: Language(s)				ed 🛯 Orda	ined	
	□ Full-time (Fully-funded) □ Part-time ((Non-funded
	Youth (Your position title, if different)						
	Name:			St	art date:		
	Titles: (Check all that apply)		🖵 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	🗅 Ms
		Pastor	🗅 Dr	Chap	□ Mr	❑ Mrs	❑ Ms
	Titles: (Check all that apply) \Box RevMailing Address: (Check one) \Box Home	Pastor Church		·			
	Titles: (Check all that apply)Image: RevMailing Address: (Check one)Image: HomeAddress:Image: Rev	Pastor Church City:		_County:	_State:	Zip:	
	Titles: (Check all that apply) \Box RevMailing Address: (Check one) \Box Home	Pastor Church City:		County:	_State: Church	Zip:	
	Titles: (Check all that apply)	 Pastor Church City: 		County: Home Home	_State: Church	Zip:	
	Titles: (Check all that apply)	□ Pastor □ Church City:		_County: I Home Home	_State: Church Church	_ Zip: ❑ Cell	

	<u>Children</u> (Your position title, if different)						
	Name:			Sta	art date:		
	Titles: (Check all that apply)	Pastor	🗅 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	❑ Ms
	Mailing Address: (Check one) 🗆 Home 🗅 Chu	urch					
	Address: Cit	y:		_County:	_State:	_ Zip:	
	Phone:			🗅 Home	Church	🗅 Cell	Business
	Email address:						
	Twitter:						
	Ethnicity: Language(s) spoke				ed 🛛 Orda	ined	
	□ Full-time (Fully-funded) □ Part-time (Partial	ly-funde	ed) 🗅 Bi	-vocational 🕒 li	nterim 🗅 🛚	/olunteer	(Non-funded
	Preschool (Your position title, if different)						
_	Name:						
	Titles: (Check all that apply)						
	Mailing Address: (Check one) 🗆 Home 🕒 Chu						
	Address: Cit	y:		_County:	State:	Zip:	
	Phone:						
	Email address:						
	Twitter:						
	Ethnicity: Language(s) spoke			Licens	ed 🛛 Orda	ined	
	□ Full-time (Fully-funded) □ Part-time (Partial						(Non-funded
	Missions (Vour position title, if different)	-					
	Missions (Your position title, if different) Name:						
	Titles: (Check all that apply)						
	Mailing Address: (Check one) Home Chu			_ 0.00p			
	Address: Cit			County:	State:	Zip:	
	Phone: 0						
	Email address:						
	Twitter:						
	Twitter: Ethnicity: Language(s) spoke	en:				ined	
	Twitter: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial	en:		🗅 Licens	ed 🗳 Orda		(Non-funde
	Ethnicity: Language(s) spoke	en: ly-funde	ed) 🗅 Bi	□ Licens -vocational □ I	ed 🗅 Orda nterim 🗅 \	/olunteer	
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different)	en: ly-funde	:d) 🗅 Bi	□ Licens -vocational □ I	ed ❑ Orda nterim ❑ \	/olunteer	
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different) Name:	en: ly-funde	ed) ⊒ Bi	□ Licens -vocational □ Ii	ed	/olunteer	
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different) Name: Titles: (Check all that apply) □ Rev □	en: ly-funde Pastor	ed) ⊒ Bi	□ Licens -vocational □ Ii	ed	/olunteer	
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different) Name: Titles: (Check all that apply) □ Rev □ 1 Mailing Address: (Check one) □ Home □ Check	en: ly-funde Pastor urch	d) 🖬 Bi	□ Licens -vocational □ In Standary	ed	/olunteer	□ Ms
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different) Name: Titles: (Check all that apply) □ Rev □ 1 Mailing Address: (Check one) □ Home □ Chu Address: Cit	en: ly-funde Pastor urch y:	ed) 🗅 Bi	□ Licens -vocational □ In Sta Chap County:	ed	/olunteer	□ Ms
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different) Name: Titles: (Check all that apply) □ Rev □ 1 Mailing Address: (Check one) □ Home □ Chu Address: Cit Phone:	en: ly-funde Pastor urch y:	ed) 🗅 Bi	□ Licens -vocational □ In Sta Chap County:	ed □ Orda nterim □ \ art date: □ Mr State: □ Church	/olunteer	□ Ms
	Ethnicity: Language(s) spoke	n: ly-funde Pastor urch y:	ed) 🗅 Bi	□ Licens -vocational □ I Sta Chap County: □ Home □ Home	ed □ Orda nterim □ \ art date: □ Mr State: □ Church	/olunteer	□ Ms
	Ethnicity: Language(s) spoke □ Full-time (Fully-funded) □ Part-time (Partial College (Your position title, if different) Name: Titles: (Check all that apply) □ Rev □ 1 Mailing Address: (Check one) □ Home □ Chu Address: Cit Phone:	en: ly-funde Pastor urch y:	d) 🖬 Bi	Licens -vocational II Sta County: Home Home	ed □ Orda hterim □ \ art date: □ Mr _ State: □ Church □ Church	/olunteer	□ Ms

	Adults (Your position title, if							
	Name: St							
	Titles: (Check all that apply)	Rev	Pastor	🖵 Dr	🖵 Chap	🗅 Mr	🗅 Mrs	🗅 Ms
	Mailing Address: (Check one)							
	AAddress:		_ City:		County:	State:	Zip:	
	Phone:				🛛 Home	Church	🖵 Cell	Business
	Email address:				🗅 Home	Church		
	Twitter:							
	Ethnicity: Langu	iage(s) si	poken:		🗅 Licens	ed 🛛 Orda	ined	
	□ Full-time (Fully-funded) □ Part-	-time (Pa	artially-funde	ed) 🗅 B	i-vocational 🛛 I	nterim 🗅 \	/olunteer	(Non-funded)
	Senior Adults (Your position ti	tle, if diffe	erent)					
	Name:				St	art date:		
	Titles: (Check all that apply)	Rev	Pastor	🗅 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	🗅 Ms
	Mailing Address: (Check one)	Home 🛯	I Church					
	Address:		_ City:		_County:	_State:	_ Zip:	
	Phone:				🛛 Home	Church	🖵 Cell	Business
	Email address:				🖬 Home	Church		
	Twitter:							
	Ethnicity: Langu					ed 🛯 🖵 Orda	ined	
	□ Full-time (Fully-funded) □ Part-	-time (Pa	artially-funde	ed) 🗅 B	i-vocational 🛛 I	nterim 🗅	/olunteer	(Non-funded)
	Young Adults (Your position ti	tle, if diffe	erent)					
	Name:				St	art date:		
	Titles: (Check all that apply)	Rev	Pastor	🖵 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	🗅 Ms
	Mailing Address: (Check one) 🗅 H	Home 🗅	I Church					
	Address:		_ City:		_County:	_State:	_ Zip:	
	Phone:				🛛 Home	Church	🖵 Cell	Business
	Email address:				🛛 Home	Church		
	Twitter:							
	Ethnicity: Langu	lage(s) s	poken:		🗅 Licens	ed 🛯 Orda	ined	
	□ Full-time (Fully-funded) □ Part-	-time (Pa	artially-funde	ed) 🗅 B	i-vocational 🛛 I	nterim 🗅	/olunteer	(Non-funded)
	Single Adults (Your position tit	tle if diffe	erent)					
_	Name:							
	Titles: (Check all that apply)							
	Mailing Address: (Check one)							
	Address:				County:	State [.]	Zin	
	Phone:							
	Email address:							
	Twitter: Langu					ed 🗆 Orda	ined	
	□ Full-time (Fully-funded) □ Part-							(Non-funded)
	🖵 i all-alle (i ally-lallaea) 🖵 Fall-		າແລແກ້ງ-ເຕເທດ	∍u, ⊑iD	i-vocational 🖵 I		JUILLEEL	(NON-IUNUEU)

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

Name:				art date:		
Titles: (Check all that apply)						
Mailing Address: (Check one) Home C						
Address: 0			County:	State:	Zip:	
Phone:						
Email address:						
Twitter:						
Ethnicity: Language(s) spol				ed 🛛 Orda	ined	
□ Full-time (Fully-funded) □ Part-time (Parti	ally-funde	ed) 🛛 Bi	i-vocational 🗅 l	nterim 🕒 🛚	/olunteer	(Non-funded)
Discipleship Training (Your position title	e, if differe	ent)				
Name:			Sta			
Titles: (Check all that apply) \Box Rev \Box Mailing Address: (Check one) \Box Home \Box C		🖵 Dr	🗅 Chap	🗅 Mr	❑ Mrs	❑ Ms
Address: C	;ity:		_County:	_State:	_ Zip:	
Phone:			🛛 Home	Church	🖵 Cell	Business
Email address:			🖵 Home	Church		
Twitter:						
Ethnicity: Language(s) spol	ken:		🗅 Licens	ed 🛛 Orda	lined	
□ Full-time (Fully-funded) □ Part-time (Parti	ally-funde	ed) 🛛 🖬 Bi	i-vocational 🗅 l	nterim 🗳 🕽	/olunteer	(Non-funded)
Women's Ministry (Your position title, if	different)					
Name:			Sta	art date:		
Titles: (Check all that apply)	Pastor	🖵 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	❑ Ms
Mailing Address: (Check one) 🗅 Home 🗅 C	hurch					
Address: C	;ity:		_County:	_State:	_ Zip:	
Phone:			🛛 Home	Church	🖵 Cell	Business
Email address:			🛛 Home	Church		
Twitter:						
Ethnicity: Language(s) spol	ken:		🗅 Licens	ed 🛛 🖵 Orda	ined	
□ Full-time (Fully-funded) □ Part-time (Parti	ally-funde	ed) 🛛 🛛 Bi	i-vocational 🗅 l	nterim 🗳 🛛	/olunteer	(Non-funded)
WMU Director (Your position title, if different	ent)					
Name:			Sta	art date:		
Titles: (Check all that apply)	Pastor	🖵 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	❑ Ms
Mailing Address: (Check one) 🗅 Home 🗅 C	hurch					
Address: 0	;ity:		_County:	_State:	_ Zip:	
Phone:			🛛 Home	Church	🖵 Cell	Business
Email address:						
Twitter:						
Ethnicity: Language(s) spol				ed 🛯 Orda	lined	
□ Full-time (Fully-funded) □ Part-time (Parti						(Non-funded)

Baptist Men/Brotherhood (Your p	osition title, it		/			
Name:						
Titles: (Check all that apply)	Pastor	🗅 Dr	🗅 Chap	🗅 Mr	🗅 Mrs	❑ Ms
Mailing Address: (Check one) 🗅 Home	Church					
Address:						
Phone:			🛛 Home	Church	🖵 Cell	Business
Email address:			🛛 Home	Church		
Twitter:						
Ethnicity: Language(s)) spoken:		Licens	ed 🛛 Orda	ined	
□ Full-time (Fully-funded) □ Part-time (Partially-funde	ed) 🛛 🕁 B	i-vocational 🗅 li	nterim 🗔 🛚	/olunteer	(Non-funded
Evangelism (Your position title, if diffe	erent)					
Name:						
Titles: (Check all that apply)						
Mailing Address: (Check one) 🖵 Home	Church					
Address:	City:		County:	_State:	_ Zip:	
Phone:						
Email address:			🛛 Home	Church		
Twitter						
Twitter: Language(s)			Licens	ed 🛯 🖵 Orda	ined	
) spoken:					(Non-funded
Ethnicity: Language(s)) spoken: Partially-funde	ed) 🗅 B	i-vocational 🕒 li	nterim 🗅 🛛	/olunteer	
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_) spoken: Partially-funde	ed) ⊒ B	i-vocational 🗅 li	nterim 🗅 🔪	/olunteer	·
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name:) spoken: Partially-funde	ed) ⊒ B	i-vocational 🗅 li	nterim 🗅 \ art date:	/olunteer	
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev) spoken: Partially-funde Pastor	ed) ⊒ B	i-vocational 🗅 li	nterim 🗅 \ art date:	/olunteer	
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home) spoken: Partially-funde Pastor Church	ed) 🖬 B	i-vocational □ Iı Sta □ Chap	nterim 🗆 \ art date: _ Mr	/olunteer	G Ms
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address:) spoken: Partially-funde Pastor Church City:	ed) 🖬 B	i-vocational □ li Sta □ Chap County:	nterim	/olunteer	G Ms
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone:) spoken: Partially-funde Pastor Church City:	ed) 🖬 B	i-vocational □ li Sta _ Chap County: □ Home	nterim 🛛 \ art date: I Mr State: I Church	/olunteer	G Ms
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone: Email address:) spoken: Partially-funde Pastor Church City:	ed) 🖬 B	i-vocational □ li Sta _ Chap County: □ Home □ Home	nterim 🛛 \ art date: I Mr State: I Church	/olunteer	G Ms
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone: Email address: Twitter:) spoken: Partially-funde Pastor Church City:	ed) 🖬 B	i-vocational □ In Sta County: □ Home □ Home	nterim IN art date: IMr State: IChurch IChurch	/olunteer	G Ms
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone: Email address: Twitter: Ethnicity: Language(s)) spoken: Partially-funde Pastor Church City:) spoken:	ed) 🖬 B	i-vocational □ In Sta _ Chap County: □ Home □ Home □ Licens	nterim IN art date: IMr State: IChurch IChurch OChurch	/olunteer	Ms Business
Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) Full-time (Fully-funded) Part-time () spoken: Partially-funde Pastor Church City:) spoken: Partially-funde	ed)	i-vocational II	nterim IN art date: IMr State: IChurch IChurch ed IOrda nterim IN	/olunteer	Ms Business (Non-funded
Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Media/Library (Your position title, if di) spoken: Partially-funde Pastor Church City:) spoken: Partially-funde	ed)	i-vocational 🗆 In Sta County: 🗅 Home 🕞 Home 🔄 Licens i-vocational 🕞 In	nterim IV	/olunteer	Ms Business (Non-funded
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Mame:) spoken: Partially-funde Pastor Church City:) spoken: Partially-funde	ed)	i-vocational □ In Sta County: □ Home □ Home □ Licens i-vocational □ In Sta	nterim IV	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer	Ms Business (Non-funded
Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) □ Rev Mailing Address: (Check one) □ Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) □ Full-time (Fully-funded) □ Part-time (Media/Library (Your position title, if di Name: Titles: (Check all that apply) □ Rev) spoken: Partially-funde Destor Church City:) spoken: Partially-funde ifferent)	ed)	i-vocational □ In Sta County: □ Home □ Home □ Licens i-vocational □ In Sta	nterim IV	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer	Ms Business (Non-funded
Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Media/Library (Your position title, if di Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home) spoken: Partially-funde Pastor Church City:) spoken: Partially-funde ifferent) Pastor Pastor Church	ed)	i-vocational □ In Sta County: □ Home □ Home □ Licens i-vocational □ In Sta Sta	nterim IN art date: IMr State: IChurch IChurch ed IOrda nterim IN art date: IMr	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer _ Mrs	Ms Ms Inded Inded Inded Inded
Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Language(s) Full-time (Fully-funded) Part-time (Media/Library (Your position title, if di Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address:) spoken: Partially-funde Destor Church City:) spoken: Partially-funde ifferent) Destor Church City:	ed) 🖬 B	i-vocational II	nterim IV art date: IMr State: IChurch IChurch Church ed IOrda nterim IV art date: IMr State:	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer _ Mrs _ Zip:	Ms Ms (Non-funded Ms
Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Media/Library (Your position title, if di Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address:) spoken: Partially-funde Pastor Church City:) spoken: Partially-funde ifferent) Pastor Church City:	ed) B	i-vocational □ In Sta County: □ Home □ Home Licens i-vocational □ In Sta Sta Sta Sta Sta	nterim IV art date: IMr State: IChurch IChurch ed IOrda nterim IV art date: IMr State: IChurch	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer _ Mrs _ Zip:	Ms Ms (Non-funded Ms
Ethnicity: Language(s) Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Language(s) Full-time (Fully-funded) Part-time (Media/Library (Your position title, if di Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address:) spoken: Partially-funde Destor Church City:) spoken: Partially-funde ifferent) Pastor Church City:	ed) 🖬 B	i-vocational □ In Sta County: □ Home □ Home □ Licens i-vocational □ In Sta County: □ Home □ Home	nterim IV art date: IMr State: IChurch IChurch ed IOrda nterim IV art date: IMr State: IChurch	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer _ Mrs _ Zip:	Ms Ms (Non-funded Ms
Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Prayer (your position title, if different)_ Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address: Phone: Email address: Twitter: Ethnicity: Language(s) Full-time (Fully-funded) Part-time (Media/Library (Your position title, if di Name: Titles: (Check all that apply) Rev Mailing Address: (Check one) Home Address:) spoken: Partially-funde Destor Church City:) spoken: Partially-funde ifferent) Pastor Church City:	ed) B	i-vocational □ In Sta County: □ Home □ Licens i-vocational □ In Sta Sta Sta Sta Sta Sta Sta Sta Sta Sta	nterim IN art date: IMr State: IChurch IChurch ed IOrda nterim IN art date: IMr State: IChurch IChurch	/olunteer _ Mrs _ Zip: _ Cell ined /olunteer _ Mrs _ Zip: _ Zip:	Ms Ms (Non-funded Ms

Attach additional pages if needed.

2021 CHURCH HISTORICAL PROFILE								
REPRESENTATIVES C	ON ASSOCIATIONAL EXECUTIVE BOA	RD						
Name	Street, RT, Box	City, State, Zip+4	Phone					
MESSENGERS TO TH	EASSOCIATION							
Name	Street, RT, Box	City, State, Zip+4	Phone					
	ED BY CHURCH (Include pastor's name	and address)						
Mission Name	Name of Pastor	Street, RT, Box	City, State, Zip+4					
IF YOUR CHURCH HA	D A CHANGE IN PASTOR(S) INCLUDI	NG INTERIM DURING THE YE	AR, LIST THE					
	T AND HIS ADDRESS AND THE DATE							
Name	Street, RT, Box	City, State, Zip+4	Date Left					
MINISTERS LICENSE	D DURING THE YEAR							
Name	Street, RT, Box	City, State, Zip+4	Phone					
MINISTERS ORDAINE	D DURING THE YEAR							
Name	Street, RT, Box	City, State, Zip+4	Phone					
HISTORICAL EVENTS new missions, etc.)	OF INTEREST DURING ASSOCIATIO	NAL YEAR (New buildings, ded	ications, new ministries,					
, ,								
	D DURING THE YEAR (Indicate Mr., Mr							
NA	AME NAM	E	NAME					

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