



# 2024 ANNUAL CHURCH PROFILE

There are four parts to this booklet – Please complete as much of the ACP as possible.  
Please return to your association or Texas Baptists by November 30, 2024.

Congregation: \_\_\_\_\_ BGCT ID: \_\_\_\_\_  
Year Organized: \_\_\_\_\_ SBC ID: \_\_\_\_\_  
Association: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Church Email: \_\_\_\_\_  
Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

Largest Ethnic Group: \_\_\_\_\_ Main Language: \_\_\_\_\_

## If your church has a sponsor

Sponsor Name & City: \_\_\_\_\_

## 2024 STATISTICAL INFORMATION

### 1. Membership

- \_\_\_\_\_ TOTAL MEMBERSHIP: Total membership of your congregation.
- \_\_\_\_\_ RESIDENT MEMBERS: Members who live close enough to your congregation to attend.
- \_\_\_\_\_ TOTAL BAPTISMS: Total number of baptisms during the current reporting year.
- \_\_\_\_\_ OTHER ADDITIONS: Number who became members of your congregation during the current reporting year by ways other than baptism.
- \_\_\_\_\_ WEEKLY WORSHIP ATTENDANCE: Average number in the weekly (primary) worship service(s) during the current reporting year.
- \_\_\_\_\_ ONLINE WORSHIP: Average number participating in the weekly (primary) worship service(s) online during the current reporting year.

### 2. Bible Study

- \_\_\_\_\_ TOTAL BIBLE STUDY ENROLLMENT: Total number of persons enrolled in ongoing Bible study/Sunday school/small groups
- \_\_\_\_\_ WEEKLY BIBLE STUDY AVG. ATTENDANCE: Average number attending Bible study each week during the current reporting year.  
This may be an ongoing Sunday school class, Bible study, small group, or similar group
- \_\_\_\_\_ VBS ENROLLMENT: Number enrolled in Vacation Bible School for your congregation

# 2024 STATISTICAL INFORMATION CONT'D

## 3. Missions Participation

\_\_\_\_\_ TOTAL MISSION PROJECTS PARTICIPATION: Total number of persons in your congregation who participated in mission projects. Persons may be counted for each mission project in which they participated.

\_\_\_\_\_ Local/Community Missions Participation

\_\_\_\_\_ State Missions Participation

\_\_\_\_\_ U.S. & Canada Missions Participation

\_\_\_\_\_ International Missions Participation

## 4. Missions Education

Total number of individuals participating in missions education.

\_\_\_\_\_ TOTAL WMU (Mission Friends, GAs, Acteens, etc.)

\_\_\_\_\_ TOTAL BAPTIST MEN AND BOYS (Challengers, RAs, etc.)

\_\_\_\_\_ TOTAL OTHER PROGRAMS (Awana, etc.)

## 5. Sexual Abuse Questions

Does your congregation require background checks for all those working with children and students?

Yes  No  Prefer not to answer

Currently, has your congregation's staff and those who work with children and students all been trained in reporting sexual abuse cases?

Yes  No  Prefer not to answer

Currently, has your congregation's staff and those who work with children and students all been trained in caring for survivors of sexual abuse?

Yes  No  Prefer not to answer

## 6. Financial Information

\_\_\_\_\_ **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.

\_\_\_\_\_ **TOTAL RECEIPTS GIVING:** Total amount of all money received by the congregation. This amount should be the total of Undesignated Receipts Giving, designated gifts and other receipts (may include income from rentals, day school or kindergarten fees, savings, pastoral aid, parking fees, etc.). (Item should be equal to or larger than Item Undesignated Receipts.)

\_\_\_\_\_ **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 PLUS any additional monies given for non-Southern Baptist mission causes. (Item should be equal to or larger than Great Commission Giving.)

\_\_\_\_\_ **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, Annie Armstrong, Lottie Moon, and Mary Hill Davis, PLUS monies given to associations and other state convention missions, as well as any other Southern Baptist mission cause.

\_\_\_\_\_ **COOPERATIVE PROGRAM GIVING:** Total amount of all money given through the Cooperative Program during the current reporting year.

\_\_\_\_\_ **LOTTIE MOON CHRISTMAS OFFERING:** Total amount of money given during the current reporting year to the Lottie Moon Christmas Offering for International Missions.

\_\_\_\_\_ **ANNIE ARMSTRONG EASTER OFFERING:** Total amount of money given during the current reporting year to the Annie Armstrong Easter Offering for North American Missions.

\_\_\_\_\_ **MARY HILL DAVIS STATE MISSIONS OFFERING:** Total amount of money given during the current reporting year to the Mary Hill Davis Offering for Texas State Missions.

\_\_\_\_\_ **TOTAL GIVEN TO ASSOCIATIONAL MISSIONS:** Total amount of all money given to your local association for missions during the current reporting year.

## NEW OR UPDATED LEADERSHIP

On this page, you will find a blank form to add current staff. If you need to add more, please duplicate this page and return as many as you need.

**Part time:** Pastors or staff who are not full time but have no other job.

**Bivocational:** Ministers with an additional source of income other than from the church.

Position Title: \_\_\_\_\_

Full time (fully funded)  Bivocational  Part time (partly funded)  Interim  Volunteer (non-funded)

Name: \_\_\_\_\_ Start date if new \_\_\_\_\_

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

Phone: \_\_\_\_\_  Home  Work  Mobile

Email address: \_\_\_\_\_  Home  Work

Position Title: \_\_\_\_\_

Full time (fully funded)  Bivocational  Part time (partly funded)  Interim  Volunteer (non-funded)

Name: \_\_\_\_\_ Start date if new \_\_\_\_\_

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

Phone: \_\_\_\_\_  Home  Work  Mobile

Email address: \_\_\_\_\_  Home  Work

Position Title: \_\_\_\_\_

Full time (fully funded)  Bivocational  Part time (partly funded)  Interim  Volunteer (non-funded)

Name: \_\_\_\_\_ Start date if new \_\_\_\_\_

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

Phone: \_\_\_\_\_  Home  Work  Mobile

Email address: \_\_\_\_\_  Home  Work

Position Title: \_\_\_\_\_

Full time (fully funded)  Bivocational  Part time (partly funded)  Interim  Volunteer (non-funded)

Name: \_\_\_\_\_ Start date if new \_\_\_\_\_

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

Phone: \_\_\_\_\_  Home  Work  Mobile

Email address: \_\_\_\_\_  Home  Work

Position Title: \_\_\_\_\_

Full time (fully funded)  Bivocational  Part time (partly funded)  Interim  Volunteer (non-funded)

Name: \_\_\_\_\_ Start date if new \_\_\_\_\_

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

Phone: \_\_\_\_\_  Home  Work  Mobile

Email address: \_\_\_\_\_  Home  Work

Position Title: \_\_\_\_\_

Full time (fully funded)  Bivocational  Part time (partly funded)  Interim  Volunteer (non-funded)

Name: \_\_\_\_\_ Start date if new \_\_\_\_\_

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

Phone: \_\_\_\_\_  Home  Work  Mobile

Email address: \_\_\_\_\_  Home  Work

# 2024 CHURCH HISTORICAL PROFILE

Attach additional pages if needed.

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

Mission Name	Name of Pastor	Street/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/Box	City	State	Zip+4	Date Left

MINISTERS LICENSED OR ORDAINED DURING THE YEAR (Before the name place an L for Licensed and O for Ordained)

L/O	Name	Street/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)

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  
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