

THE AFRICAN METHODIST EPISCOPAL CHURCH  
8<sup>TH</sup> EPISCOPAL DISTRICT PASTOR'S REPORT 2013-2014

**CONTACT AND ADDRESS INFORMATION**

**PART A**

Episcopal District .....  
Annual Conference .....  
  
Conference Opening Date.....  
Presiding Elder District  
Name of Church  
Church's Address  
City.....State.....Zip Code.....  
Telephone.....E-mail.....  
Congressional District  
Number.....Congressperson.....

**Presiding Bishop** Julius H. McAllister, Sr.  
**City:** Jackson **State:** Mississippi **Zip Code:** 39206  
**Telephone** (601) 366-8240  
**E-mail:** eighthdistamec@aol.com  
Presiding Elder  
Presiding Elder's Address  
**City**.....**State**.....**Zip Code**.....  
**Telephone**.....**E-mail**.....  
**Pastor's Name**.....  
**Pastor's Address** .....  
**City**.....**State**.....**Zip Code**.....  
  
**Telephone**.....**E-mail**.....

**ACTIVITIES & DEMOGRAPHICS**

**PART B**

1. Conversions .....	_____	d. Youth .....	_____
2. Baptisms.....	_____	e. Adults .....	_____
a. Adults .....	_____	f. Total .....	_____
b. Youth .....	_____	9. Registered Voters .....	_____
c. Infants & Children .....	_____	10. Marriages Performed .....	_____
d. Total Baptisms .....	_____	11. Local Lay Organization Membership....	_____
3. Accessions .....	_____	12. WMS Membership .....	_____
4. Transfers Ins .....	_____	13. YPD Membership .....	_____
5. Transfers Out .....	_____	14. SOA Membership .....	_____
6. Deaths .....	_____	15. RAYAC Membership .....	_____
7. Full Members		16. Annual Conference Members	
a. Adults .....	_____	a. Itinerant Elders/Deacons .....	_____
b. Youth .....	_____	b. Local Elders/Deacons .....	_____
c. Children .....	_____	c. Licensed Evangelist/Missionary ....	_____
c. Retirees .....	_____	d. Retired Elders/Deacons .....	_____
e. Total Membership .....	_____	e. Licentiates .....	_____
8. Church School Membership		f. Supernumerary .....	_____
a. Teachers & Officers .....	_____	g. Total .....	_____
b. Infants .....	_____		
c. Children .....	_____		

**FINANCIAL STATISTICS**

**PART C**

17. Funds raised for Local Church .....	\$ _____	21. P.E. District Budget .....	\$ _____
18. Indebtedness		22. Employee Security .....	\$ _____
a. Stewards .....	\$ _____	a. Presiding Elder.....	\$ _____
b. Trustees .....	\$ _____	b. Pastor.....	\$ _____
c. Central Budget .....	\$ _____	23. Receipt on General Budget.....	\$ _____
d. Other .....	\$ _____	24. Cash on General Budget.....	\$ _____
e. Total Indebtedness .....	\$ _____	25. Total Budget .....	\$ _____
19. Church Treasury Balance		26. General Conference Sustentation..	\$ _____
a. Stewards .....	\$ _____	27. Annual Conference Sustentation.	\$ _____
b. Trustees .....	\$ _____	28. SUBSCRIPTIONS	
c. Building fund .....	\$ _____	a. Christian Recorder .....	\$ _____
d. Central budget .....	\$ _____	b. A.M.E. Review .....	\$ _____
e. Other .....	\$ _____	c. Voice of Missions .....	\$ _____
f. Total Treasury Balance .....	\$ _____	d. Journal of Christian Education.	\$ _____
20. Pastor's Compensation		e. Missionary Magazine .....	\$ _____
a. Base Salary .....	\$ _____	f. Secret Chamber .....	\$ _____
b. Housing Allowance .....	\$ _____	g. YPD Newsletter .....	\$ _____
c. Requisites (Health Ins, Auto, etc.)	\$ _____	g. Total Subscriptions .....	\$ _____
29. Episcopal District Budget .....	\$ _____	31. Other .....	\$ _____
30. The Bible Cause (donation) .....	\$ _____		

**CHURCH SPONSORED NOT FOR PROFITS**  
(Child Care, Senior Care, Housing, Tutorial, etc.)

**PART D**

	Program A	Program B	Program C	Program D
32. Name (Type)	_____	_____	_____	_____
33. Tax ID	_____	_____	_____	_____
34. Federal Funds	_____	_____	_____	_____
35. State Funds	_____	_____	_____	_____
36. Local Funds	_____	_____	_____	_____
37. Private Funds	_____	_____	_____	_____
38. Fund Balance	_____	_____	_____	_____

**REAL ESTATE**

**PART E**

<b>Section 1. Statistics</b>	<b>A. Church Building</b>	<b>B. Parsonage</b>	<b>Building C</b>	<b>Building C</b>
39. Property Valuation	_____	_____	_____	_____
40. Mortgage Balance	_____	_____	_____	_____
41. Insurance Company	_____	_____	_____	_____
42. Insurance Premium	_____	_____	_____	_____
43. Coverage Amount	_____	_____	_____	_____
44. Coverage Type	_____	_____	_____	_____

**Section 2. Legal Description**

45. Legal Description of Properties owned by Church—Sanctuary and Other Buildings

Address \_\_\_\_\_

NUMBER STREET CITY COUNTY STATE ZIP CODE

Lots \_\_\_\_\_ In Block \_\_\_\_\_ of \_\_\_\_\_ a \_\_\_\_\_ County or Parish

State of \_\_\_\_\_, According to the plot thereof recorded in Plot Book \_\_\_\_\_ Page \_\_\_\_\_

46. Legal Description of properties owned by Church's Not for Profits (Duplicate as needed)

Address \_\_\_\_\_

NUMBER STREET CITY COUNTY STATE ZIP CODE

Lots \_\_\_\_\_ In Block \_\_\_\_\_ of \_\_\_\_\_ a \_\_\_\_\_ County or Parish

State of \_\_\_\_\_, According to the plot thereof recorded in Plot Book \_\_\_\_\_ Page \_\_\_\_\_

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 above named Charge, for this Conference Year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor in Charge

\_\_\_\_\_  
Annual Conference Delegate

**PLEASE NOTE**

The pastor MUST provide a completed copy of this form to the following officers (1) Bishop (2) Presiding Elder (3) Conference Statistician (4) General Secretary/CIO.