



THE CENTRAL FLORIDA ASSOCIATION  
OF FREEWILL BAPTISTS

Date: \_\_\_\_\_

## MINISTER'S Quarterly Report

NAME
ADDRESS
CITY, ST, ZIP
TELEPHONE #
CELL TELLPHONE #
EMAIL ADDRESS
Church Attending
Address
City, State, Zip

Churches Pastored this quarter \_\_\_\_\_ (number)

Church Names \_\_\_\_\_

Number of Sermons Preached \_\_\_\_\_

Revivals Preached \_\_\_\_\_

Number of Conversions Witnessed \_\_\_\_\_

Baptisms Performed \_\_\_\_\_

Number of Weddings Performed \_\_\_\_\_

Number of Funerals Conducted \_\_\_\_\_

Monies Received \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_