

FOR MINISTER'S PERSONAL RECORD

Quarter ending— May August November February

For Year 20_____ Bishop Licensed Minister

Sermons _____ Converted _____ Sanctified _____ Received Holy Ghost _____

Baptized in water _____ Number of new members by covenant _____

MINISTER'S QUARTERLY REPORT TO THE INTERNATIONAL OFFICE

Minister's license number _____ Name _____

Home address in full _____

Member of church at _____ Home Phone (_____) _____

Church Phone (_____) _____ E-mail address _____

Quarter ending May August November February 20_____ Bishop Licensed Minister
(Year)

Sermons _____ Converted _____ Sanctified _____ Received Holy Ghost _____ Baptized in water _____ New members by covenant _____

NOTE: Please total your previous three (3) monthly reports for this quarterly report.

Send to: **Church of God of Prophecy**
Minister's Report
P.O. Box 2970
Cleveland, TN 37320-2970