



Church of Our Lord Jesus Christ of the Apostolic Faith, Inc.

HEADQUARTERS: 2081 Adam Clayton Powell, Jr. Boulevard, New York, New York 10027, USA

BISHOP'S REPORT

For The _____ General Annual Convocation Date _____
 Diocese _____ Bishop _____
 Bishop 'S Address _____ Phone #: _____
 City _____ State _____ Zip _____
 Number Of Districts _____ District Elders _____ Pastors _____ Elders _____ Ministers _____
 Senior Deacons _____ Junior Deacons _____ Senior Missionaries _____ Social Missionaries _____ Junior Missionaries _____
 Sunday Schools _____ Missionary Societies _____ ABYPU Unions _____ Churches _____
 Members In Diocese _____ Baptized In Water (Acts 2:38) _____ Baptized With Holy Ghost (Acts 2:4) _____
 Diocesan Meetings _____
 Churches Received Into Organization _____ Organized By Bishops/Elders _____
 Churches Owned _____ Being Bought _____ Rented _____
 Valuation Of Property \$ _____ Indebtedness Of Property _____

DIOCESAN FINANCIAL STATEMENT TO GENERAL COVOCATION

	Paying in General Convocation	Direct Sent In	Other (Specify)	TOTALS	
25% Representation					
National Goal					
Administrative Appropriation					
Apostle's Love Offering					
Founder's Day Memorial					
(other)					
Totals					
DIOCESAN AUXILIARY REPORTS TO GENERAL CONVOCATION (NOT INCLUDED IN THE ABOVE)					
	Representation	10% ASSESSMENT	NAT'L Pres or SUP'T	OTHER	TOTALS
Missionary					
Sunday School					
ABYPU					
Deacon's Union					
MDWG					
Women's Council					
Totals					
Total Diocesan Auxiliary Reports to General Body _____					
Total Diocese (Executive) Finance to General Body _____					
Grand Total of Diocesan Finance reported to General Body _____					

General Financial Statement to the Diocese

Roll Call \$ _____ *Total Regular Offering \$ _____ Building Fund Offerings \$ _____
 Other Collections \$ _____ Total Receipts \$ _____ Disbursements \$ _____
 Balance in Treasury \$ _____ Tithes Received \$ _____ Tithes Paid to Regional Apostle \$ _____
 Tithes Paid to The Presiding Apostle \$ _____

DIOCESAN BISHOP

DIOCESAN SECRETARY

OFFICE USE ONLY
CK/MO _____ NO _____
CASH _____
EXAMINED BY _____
DATE _____
REPORT NO _____
FC _____

Address _____
 City _____ State _____
 Zip _____ Phone # _____