

2011 PRESBYTERY INFORMATION

CHURCH: _____ Church ID {Minutes of Synod} # _____

PRESBYTERY: _____

FILL IN ONLY THE CATEGORY BELOW THAT APPLIES:

A. PASTORS, MISSION DEVELOPERS, BI-VOCATIONAL, EVANGELIST

List the changes in the Minister's Call (FOG X, E, 16 & XII, B, 2, (1))

1. Name of Minister _____
 Pastor Mission Developer Bi-Vocational Evangelist
2. Was there an annual review of the call? Yes No [FOG, X, E, 16]
3. Does call include provisions for death and disability? Yes No

Year	Base Salary	Manse Provided?	Utilities with Manse	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2011	\$	\$	\$	\$	\$	\$	\$
2012	\$	\$	\$	\$	\$	\$	\$

Figures must match those reported on Report of Credited Service and Earnings

B. ASSOCIATE [S]:

1. **NAME** _____

Was there an annual review of the call? Yes No Provisions for death/disability? Yes No

Year	Base Salary	Manse Provided?	Utilities with Manse	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2011	\$	\$	\$	\$	\$	\$	\$
2012	\$	\$	\$	\$	\$	\$	\$

Figures must match those reported on Report of Credited Service and Earnings

2. **NAME** _____

Was there an annual review of the call? Yes No Provisions for death/disability? Yes No

Year	Base Salary	Manse Provided?	Utilities with Manse	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2011	\$	\$	\$	\$	\$	\$	\$
2012	\$	\$	\$	\$	\$	\$	\$

Figures must match those reported on Report of Credited Service and Earnings

3. **NAME** _____

Was there an annual review of the call? Yes No Provisions for death/disability? Yes No

Year	Base Salary	Manse Provided?	Utilities with Manse	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2011	\$	\$	\$	\$	\$	\$	\$
2012	\$	\$	\$	\$	\$	\$	\$

Figures must match those reported on Report of Credited Service and Earnings

4. **NAME** _____

Was there an annual review of the call? Yes No Provisions for death/disability? Yes No

Year	Base Salary	Manse Provided?	Utilities with Manse	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2011	\$	\$	\$	\$	\$	\$	\$
2012	\$	\$	\$	\$	\$	\$	\$

Figures must match those reported on Report of Credited Service and Earnings

C. **STATED SUPPLY:** Yes No

NAME OF PRESBYTERY APPROVED STATED SUPPLY: _____

Year	Base Salary	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2011	\$	\$	\$	\$	\$
2012	\$	\$	\$	\$	\$

D. **PULPIT VACANT, SESSION SECURES SUPPLIES:** Yes No

Honoraria paid per week \$_____ Mileage Paid Yes No

LOCAL CONGREGATIONS

E. **SESSION** (Missions should answer only parts that are applicable.)

1. Do you follow a rotary system? [FOG, IX, B, 4] Yes No Provisional Session
2. Was your session represented by a **Ruling Elder** at: [FOG, XI, B, 2, (p)]
 - A. General Synod Yes No N/A
 - B. Spring Stated Presbytery Meeting Yes No N/A
 - C. Summer Stated Presbytery Meeting Yes No N/A
 - D. Fall Stated Presbytery Meeting Yes No N/A
3. As required by the *Form of Government*, does your session or mission have an accurate record of the following rolls: [FOG, XI, B, 3, (b), (1-3)]
 - A. Active, inactive, and non-communicant members? Yes No
 - B. Names of persons receiving Baptism? Yes No
 - C. Death and marriage of members? Yes No
4. Were your Sessional or Provisional Sessional records inspected and reviewed by Presbytery? [FOG, XI B, 5, (a)] Yes No
5. Number of elders currently serving on session _____

6. Names of Ruling Elders newly elected to the Session to serve in the new year or elected during the current year for an unexpired term [FOG, XII, B, 3, (b), (4)]

Name of Elder	A. Ordained & Installed	B. Reinstalled	C. Received from:	D. To Serve a Provisional Session for Missions	Date

7. Names of Ruling Elders in your congregation lost by death: [FOG, XII, B, 3, (b), (5)]

Name of Elder	Ordination Date	Date of Death

8. Names of Ruling Elders in your congregation who resigned, demitted or were removed for cause.

Name of Elder	Date of Action	Resigned	Demitted	Removed

F. **DEACONS** (Missions omit this section)

1. Do you follow the rotary system for deacons? Yes No N/A

2. Names of deacons lost by death: [FOG, XII, B, 3, (b), (5)]

Name of Deacon	Date of Death

3. Number of persons serving on diaconate _____

YOUR PRESBYTERY AND GENERAL SYNOD

G. PRESBYTERY

1. Have you paid in full your Presbytery assessment/commitment? Yes No

2. Does your session have a memorial or resolution to submit to the Presbytery?
 [FOG, XI, B, 2, (q) & XII, B, 2, (r)] Yes No
If yes, please attach a copy.

H. SYNOD

CHECK ONLY 1 BLANK IN EITHER 1 OR 2}

1. Are you meeting the goals of the Denominational Ministry Program of the General Synod?
 GOALS:
 - A. Pledge of more than 20% of the General Fund?
 - B. Pledge of 20% of the General Fund?
 - C. Increase of 1 percentage point over last year's commitment to the General Synod?

2. If you are not meeting one of the denominational ministry goals of the General Synod, is your church or mission: [**CHECK ONE** of the following]
 - A. Increasing percentage level over previous year?
 - B. Maintaining same percentage level as previous year?
 - C. Increasing dollar level over previous year?
 - D. Maintaining same dollar amount as previous year?
 - E. Decreasing percentage level over previous year?
 - F. Decreasing dollar amount over previous year?
 - G. Making no commitment?

3. Have you met and paid in full your Denominational Ministry Pledge? Yes No

NOTE: This report is:

1. To be adopted by the session before it is submitted
2. To be signed by the Pastor or Clerk of Session.

Name of Person Completing this Form (Print Name)

Pastor (SIGNATURE)

Pastor (PRINT NAME)

Clerk of Session (SIGNATURE)

Date approved by Session: _____

Distribution Of The Report No Later Than February 1:

- 1. Send one copy to the Stated Clerk of Presbytery**
- 2. Keep One Copy with the Session Records**
- 3. DO NOT send this report to the ARP Center.**

CLERKS OF PRESBYTERY

- Canadian:** Mr. Bill McKay, 1124 Tupper Gardens, Woodstock, ON, N4S 8K2 CANADA 519-539-7325, email: bjmckay@rogers.com
- Catawba:** Rev. Guy H. Smith, 3055 Baird Rd, Clover, SC 29710-9595. 803-631-5899, email: guysmith@comporium.net
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- Virginia:** Rev. William M. Harris, Jr., 1641 Old Providence Rd, Raphine, VA 24472-3401. 540-377-5897 [H], email: billharris1959@gmail.com

Thank you for returning this form by February 1, 2012