Annual Church Profile 2023

Password: Telephone Number_____ Name Of Church/Mission Ethnicity_ Language Church Twitter Acct _____Church Facebook Acct___ Email Address Mailing Address (St., PO Box No.) _____ State _____ Zip _____ Street Add. (Physical Add. or "911" Add. – do not use PO box) State Zip____ Association ___ County Statistical Profile *Highlighted content indicates essential recording information **Total Members** Total of both resident and nonresident membership. _Total Giving/Gifts Total amount of all money received by the congregation. This amount should be the total of undesignated gifts, designated gifts, and Resident Membership All members who live close enough to your other receipts (may include income from rentals, day school or kindergarten fees, savings, congregation to attend. pastoral aid, parking fees, etc.). **_Total Baptisms** Total number of baptisms during the 2022-2023 _Undesignated Giving/Gifts: Total amount of all reporting year. (Add Items 3a-3d). tithes and offerings not designated by individuals. This includes regular budget 3a.____11 years and under offerings and loose monies from the offering. **3c.**_____18 to 29 years **3d.**_____30 and up ____12 to 17 years __Designated Giving/Gifts: Total amount of all Other Additions Number who became members of your congregation during designated tithes and offerings given by individuals. Designated receipts are gifts which the individual decides how the money will be spent. Lottie Moon, Annie Armstrong, the 2022-2023 reporting year by ways other than baptism (letter of transfer, statement, etc.). State Missions, building fund, and debt retirement are examples of designated giving. In-Person Weekly Worship Attendance Average number in the weekly _Total SBC Mission Giving Expenditures (Great worship service(s). If not kept, use the attendance for the last Sunday of the 2022-2023 reporting year. Commission Giving) Total amount of all money given during the 2022-2023 reporting Online Weekly Worship Attendance Average number in the weekly year to all Southern Baptist mission causes by the congregation. This includes monies given worship service(s) online due to the pandemic during the 2022-2023 reporting year. to: Cooperative Program, Annie Armstrong, and Lottie Moon PLUS monies given to associations, state conventions (such as a State Mission Offering), and any other Southern _In-Person Sunday School/Bible Study/Small Group Average number Baptist mission cause. (Add Items 16a-16f). attending Sunday school each week during the 2022-2023 reporting year. This may be a Sunday school class, Bible study, small group or similiar group. Include all ages from _Cooperative Program Giving Total amount of all babies to adults but not counting anyone twice. money given through the Cooperative Program during the 2022-2023 reporting year. _Online Sunday School/Bible Study/Small Group Average number _Assoc Missions Total amount of all money given to participating in the weekly Bible Study online during the 2022-2023 reporting year. This Associational Missions. may be a Sunday school class, Bible study, small group or similiar group. _State Missions Total amount of all money given to the _____**VBS Enrollment** Number enrolled in Vacation Bible School for your congregation. North Carolina Missions Offering (State Missions Offering). _____Total Mission Project Participation Total number of persons (male and __Annie Armstrong Easter Offering Total amount of female) in your congregation who participated in mission projects (such as World Changers, money given to the Annie Armstrong Easter Offering for North American missions. Disaster Relief, Baptist Builders, Acteens Activators, Volunteer Connection, construction, Lottie Moon Christmas Offering Total amount of church planting, evangelism, Bible clubs, surveys, etc.). Persons may be counted for each money given to the Lottie Moon Christmas Offering for International Missions. mission project in which they participated (Add Items 10a-10d). 10a.____Local Community 10c.____National Other SBC Mission Expenditures Total amount of 10d.____International money given to any other SBC missions cause not reported in items a through e. __Total WMU/Women's Ministry Enrollment Total number of Women Non SBC Mission Expenditure members and leaders enrolled in the 2022-2023 reporting year. Total amount of all money given to non-Southern Baptist Convention mission causes by your congregation. An example would be Samaritan's Purse. _Total Baptists on Mission Ministries Enrollment Total number of all persons enrolled in all BOM projects and activities. Include members and leaders of disaster 18. Does your congregation require background checks for all those relief, and all age groups involved in missions sponsored by BOM. ☐ No working with children & students? Currently, have your congregation's staff and those who work with Yes __Missionaries Sent How many missionaries has your church sent during children and students all been trained in reporting sexual abuse cases? ☐ No the reporting period? Currently, have your congregation's staff and those who work with children Yes _Churches Planted How many churches has your congregation planted and students all been trained in caring for survivors of sexual abuse? ☐ No during the reporting period?

To enter online, go to: http://nc.sbcworkspace.com

User Name: _

Supplementa Historical Events of Inter		l Year New Bldg.,	Dedications, Ordina	ations for Ministry, I	New Ministries Started, etc.
Mission(s) Operated by t	he Church Include pastor's na	me and address.			
Mission Name	Pastor's Name		Street, Rt, Box No.	City	,, State, Zip
Members Deceased Duri	ng the Year Give names of cong	gregational members who	died during the 2022-2023 a	ssociational year. Indicate M	r., Mrs., Deacon, etc. and identify ordained
Name Date	Nam	e	Date	Name	Date
interest. Most persons find the	s use these names and addres. se communications to be helps	ses to communicate t ful. Lists are not m	vith persons about mee ade available to indivia	tings, services, and prod	ducts in which they may have an
Leadership F		_	mation.		
Please list persons for the	,	,	a IC		. 1 . 6 . 1 () . 1 . 1
	ff position, put one person's na orm and put the second persor ions or Roles."		the form, please or Roles" section	list name, address, and	ssional staff member(s) not listed or title of each on the "Other Position
Senior Pastor Prefe	erred Position Title:		Start Date	:	
Be sure to give your main pastor's na Bivocational if your pastor is empl	me, address, and telephone number. loyed at another job in addition to	your congregation.			•
Circle: Dr. Rev. Mr. Mrs. Mailing Address (St., Rt, Box No.)					
					Zip
Music	Preferred Title:		Start Data		
Volunteer (Not Paid)	Part-Time (paid)		_	: Licensed	Bivocational
Circle: Dr. Rev. Mr. Mrs.	Ms. Miss Name				
Mailing Address (St., Rt, Box No.)					
City				State	Zip
Telephone Number			Email Address		

Youth Prefe	erred Title:	Start Date:	
Volunteer (Not Paid)	Part-Time (paid) Full-Time	Ordained Lice	ensed Bivocational
Circle: Dr. Rev. Mr. Mrs. Ms. 1	Miss Name		
Mailing Address (St., Rt, Box No.)			
City		Sta	te Zip
Telephone Number		Email Address	
Children Pref	erred Title:		
Volunteer (Not Paid)	Part-Time (paid)	Ordained Lice	ensed Bivocational
Circle: Dr. Rev. Mr. Mrs. Ms. 1	Miss Name		
Mailing Address (St., Rt, Box No.)			
City		Sta	te Zip
Telephone Number		Email Address	
Preschool Prefe	erred Title:		
Volunteer (Not Paid)	Part-Time (paid) Full-Time	Ordained Lice	ensed Bivocational
Circle: Dr. Rev. Mr. Mrs. Ms. 1	Miss Name		
Mailing Address (St., Rt, Box No.)			
City		Sta	te Zip
Telephone Number		Email Address	
	erred Title:		
	Part-Time (paid) Full-Time e secretary. If so, give the name of the secretary	who handles most congregational matter	x.
Circle: Dr. Rev. Mr. Mrs. Ms. 1	Miss Name		
Mailing Address (St., Rt, Box No.)			
City		Sta	te Zip
Telephone Number		Email Address	
	Preferred Title:		
Circle: Dr. Rev. Mr. Mrs. Ms. 1			
3			te Zip
•			
Women's Ministry Leader	Preferred Title:	Start Date:	
Circle: Dr. Rev. Mr. Mrs. Ms. 1	Miss Name		
Mailing Address (St., Rt, Box No.)			
City		Sta	te Zip
Telephone Number		Email Address	
Deacon/Elder Chairperson	Preferred Title:	Start Date:	
Circle: Dr. Rev. Mr. Mrs. Ms. 1			
Mailing Address (St. Rt. Roy No.)			
Mailing Address (St., Mt, DOX NO.)			
			te Zip

Church Treasurer Preferred Title:	Start Date:	
Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name		
Mailing Address (St., Rt, Box No.)		
City	State Zip	
Telephone Number	Email Address	
Stewardship Chairperson The Stewardship Chairperson m. Preferred Title:	y also be known as Budget Chairperson, Finance Committee Chairperson, etc. Start Date:	
Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name		
Mailing Address (St., Rt, Box No.)		
City	State Zip	
Telephone Number	Email Address	
Church Clerk Preferred Title:	Start Date:	
Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name		
Mailing Address (St., Rt, Box No.)		
City	State Zip	
Telephone Number	Email Address	
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	additional positions, please use a separate sheet of paper. Name	
Position		
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If you have any questions or concerns, please contact:

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