

## QUARTERLY LAY MINISTER'S REPORT

Name	Date	
Address		
City	State	Zip
Name of Church		
Quarter Ending: □March □June □Sept	tember □Decembe	er
Number of Sermons Converted	Sanctified	Rec'vd Holy Ghost
Are you a good example to the church? _		
In cooperation with the pastor, do you take an active role in the ministries and business of the church?		
What ministries have you been active in?		
Are you daily in prayer? Are you lear	ding your family in	n personal family worship?
Are you being enriched daily from the Word of God?		
Are you a good steward in tithing and giving?		
Does your pastor meet with you regularly?		
Are you a volunteer for physical maintenance of the local church property?		
What positions do you hold in the church?		
List any other ministry activities you are currently involved with.		

Retain a copy for quarterly church conferences, and send a copy to: Church of God of Prophecy State Office, P. O. Box 220, Elizabethtown, KY 42702.)