

# National Conservative Christian Church, Inc.

5260 Paylor Lane

Sarasota, Florida 34240

Year \_\_\_\_\_

1st\_\_ 2nd\_\_ 3rd\_\_ 4th\_\_ Quarter

## QUARTERLY MINISTRY ACTIVITY REPORT

(check one)

(Please print in ink)

Period:

1. Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Home

Office

2. Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence

City, ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Office

Fax

3. Address \_\_\_\_\_ Line (\_\_\_\_) \_\_\_\_\_

City, ST \_\_\_\_\_ Zip \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Ministry Web site: \_\_\_\_\_

4. Has your ministry changed since your last report? \_\_\_\_\_ If so, please explain on the back of this form.

5. Report the number completed during the last quarter:

\_\_\_\_\_ Home Visits

\_\_\_\_\_ Dedications

\_\_\_\_\_ Sunday School Classes

\_\_\_\_\_ Prison Visits

\_\_\_\_\_ Hospital Visits

\_\_\_\_\_ Group Counseling Sessions

\_\_\_\_\_ Weddings

\_\_\_\_\_ Worship Services

\_\_\_\_\_ Individual Counseling Sessions

\_\_\_\_\_ Funerals

\_\_\_\_\_ Communion Served

\_\_\_\_\_ Outside Speaking engagements

\_\_\_\_\_ Baptisms

\_\_\_\_\_ Training Sessions

\_\_\_\_\_ Personal Commitments to Christ

Other Ministry \_\_\_\_\_

6. Explain any of these that were unusual. \_\_\_\_\_

7. Problems that need attention: \_\_\_\_\_

8. Continuing Education Courses completed this quarter: \_\_\_\_\_

\_\_\_\_\_ Taken from what school? \_\_\_\_\_

9. Conferences or Seminars attended this quarter: \_\_\_\_\_

10. Is there anything, information or form that we can send to you? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry reports are to be filed with the N.C.C.C. quarterly, before the 15th of January, April, July and October. Your \$15 monthly dues are to be included for the last 3 months with a payment of \$45. Use the back of this report for answers that require more space.

### Payment Voucher

\_\_\_\_\_ No Payment enclosed: *I am on monthly Auto-Pay*

Method of Payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card \_\_\_\_\_ (Type: VISA \_\_\_\_\_ M/C \_\_\_\_\_)  
(Check One)

Check No. \_\_\_\_\_ Name on Card: \_\_\_\_\_

Amount: \_\_\_\_\_ Card Number \_\_\_\_\_

The N.C.C.C. accepts only MasterCard and VISA credit cards.

Expiration Date: \_\_\_\_\_