

MICHIGAN DISTRICT OF THE MISSIONARY CHURCH

Annual Report for _____

CHURCH OFFICERS	
CHURCH NAME	
PASTOR	
BOARD CHAIRMAN <small>(If Pastor, just fill in pastor)</small>	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
BOARD VICE- CHAIRMAN	
Address	
City/Zip	,
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
TREASURER	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
BOARD SECRETARY	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
YOUTH DIRECTOR	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	

CHILDREN'S DIRECTOR	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
CHRISTIAN EDUCATION	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
MEN'S DIRECTOR	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
WOMEN'S DIRECTOR	
Address	
City/Zip	
Phone (Home)	
Phone (Work or Cell)	
E-mail address:	
DISTRICT CONFERENCE DELEGATES for _____ Church	
DELEGATE 1:	
Address	
City, ZIP	,
DELEGATE 2:	
Address	
City, ZIP	,
DISTRICT CONFERENCE ALTERNATES	
ALTERNATE 1:	
Address	
City, ZIP	,