

NON-PASTORAL MINISTER'S MONTHLY REPORT TO STATE OVERSEER

Name	Report Comments
_____	_____
Ministers ID License #	_____
_____	_____
Month/Year	_____
_____	_____
Sermons	_____
_____	_____
Converted	_____
_____	_____
Sanctified	_____

Received Holy Ghost	

Water Baptized	

Offerings Received	

Tithe paid to Local Church	

Tithe to State Office	
