

**NON-PASTORAL MINISTER'S MONTHLY REPORT TO STATE OVERSEER**  
**Thanks for sending your report in no later than the 5th of each month.**

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	
_____	