ANNUAL CONGREGATIONAL STATISTICAL REPORT FOR THE CALENDAR YEAR 2024

PLEASE TYPE or PRINT ALL INFORMATION Please submit completed report by MARCH 15, 2025

NAME OF CONGREGATION:			REGION
Mailing Address:			
City	Star	te	_ Zip
Church Office Phone ()	Email		
Location of Worship Services: (If different than Mailing Address)	Address:		
City	Stai	te	_ Zip
WEBSITE / FACEBOOK / NEWSLETTER			
Does the church have a Website? Yes No Website?	site address:		
Does the church have a Facebook Page? Yes No			
Do you live stream worship services and/or Bible Studies or	nline? Yes No	-	
Do you post recordings of worship services or sermons onli	ne? Yes No		
Does the church send out a Newsletter electronically?	Yes No by 1	regular mail?	Yes No
(Note: Please add The National Office to your newsletter maili	ng list, preferably by emai	il: theaalc@taal	c.org or by regular mail)
EVANGEL BULK MAILING:			
You are currently receiving copies of each issue	e of The Evangel (bulk ma	ailing).	
Please report the average number of copies remaining aft	er distribution of each is	ssue.	
Please indicate distribution method: Family Mai	lboxes at church	Greeters	hand out
Pick up off table/tract rack at church Oth	er:		
PLEASE INDICATE DAYS & STARTING TIME(S) OF V	WORSHIP SERVICE(S)		
SUNDAY – Starting Time (s):			
REGULAR MID-WEEK SERVICES: Day			
ADVENT Midweek Services: Day:	Starting Time:	None _	
LENTEN Midweek Services: Day:	Starting Time:	None _	
DO YOU HAVE SUNDAY SCHOOL? Yes No	Starting Time:		
DO YOU HAVE ADULT CLASS ON SUNDAY MORNING	S? Yes No	Starting	g Time:
ATTENDANCE INFO			
Total Number of Sunday Morning Worship Services held in 20)24: Average	Sunday Morn	ing Attendance:
Number of Communion Services in 2024: Number of	Members who communed	at least once d	uring the past year
Total Number of Sunday School Sessions for PreK – 8 th Grade	held in 2024:	Average Atter	ndance
Total Number of Sunday School Sessions for 9th-12th Grade he	ld in 2024: Ave	erage Attendan	ce
Families/Household Units			

*MEMBERSHIP TOTALS: (as of January 1, 2025)

CONFIRMED MEMBERSHIP TOTAL is (this		_
* The number of voting delegates each congregation receives for th		
		-
CONGREGATION'S FISCAL YEAR FINAN		N
Our Fiscal Year begins and ends		
Please provide information for the most recent fiscal	year completed, which end	ed
Total received for your congregation's General Operating Expenses	\$ \$	
Total General Fund Expenses for your congregation	\$	
Contributions given to The AALC General Fund	\$	
Contributions sent to The AALC for World Missions	\$	
Contributions sent to The AALC for American Missions	\$	
Contributions to ALTS General Fund	\$	
Contributions to ALTS Philippians Project	\$	
support a variety of missions/ministries in and throughout the world in add Please indicate other ministries that your congregati	ition to the ones indicated a	above.
\$		\$
\$		\$
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MINISTRY

PASTOR:	(Wife's Name)	Home Phone	e ()
Home Address		Cell Phone (_)
City		_ State Zip	
Email			
Check here if Pastoral Vacancy			
If applicable - ASSOCIATE PASTOR:		Home Phone (_)
Home Address		Cell Phone (_)
City		_ State Zip	
Email			
DO YOU HAVE A DEACONESS? Name		_ (If yes, provide the follow	ing information)
Address	City	State	Zip
Phone () Email			
DO YOU HAVE A YOUTH DIRECTOR? Name			ng information)
Address			Zip
Phone () Email			
DO YOU HAVE A PAROCHIAL SCHOOL? No	O Yes (If y	ves, please provide the follow	ving information)
Name of School		Office Phone ()
Contact Person	Ema	il:	
Number of Pupils Enrolled: Preschool F	ζ-6 Grades 7-8	Grades 9-12	
CHURCH OFFICE ADMINISTRATOR OR SEC	CRETARY Mr. / Mrs. / Ms	s . <u></u> _	
Address	City	State	Zip
Phone () Email			
MINISTRY REPORT			
Please tell us about your congregation's ministry.			

2025 OFFICERS OF THE CONGREGATION

President Mr. / Mrs. / M	Is			
Address		City	State	Zip
Phone ()	Email			
Secretary Mr. / Mrs. / M	Is			
Phone ()	Email			
Treasurer Mr. / Mrs. / M	1s			
Address		City	State	Zip
Phone ()	Email			
MEN'S MINISTRY: Na	me of Contact Person			
Address		City	State	Zip
Phone ()	Email			
WOMEN'S MINISTRY	: Name of Contact Person			
Address		City	State	Zip
Phone ()	Email			
YOUTH MINISTRY: N	ame of Contact Person			
Address		City	State	Zip
Phone ()	Email			

PLEASE COMPLETE THIS CONGREGATIONAL STAT REPORT & MAIL TO THE NATIONAL OFFICE BY MARCH 15, 2025.

Please save a copy for your records.

THE AALC NATIONAL OFFICE 921 East Dupont Road #920 Fort Wayne IN 46825-1551

If you have any questions, please call Bonnie at (260) 755-9401.