

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 _____ State _____ Zip _____

Church Office Phone (_____) _____ Email _____

Location of Worship Services: (If different than Mailing Address) Address: _____

City _____ State _____ Zip _____

WEBSITE / FACEBOOK / NEWSLETTER

Does the church have a Website? Yes ___ No ___ Website address: _____

Does the church have a Facebook Page? Yes ___ No ___

Do you live stream worship services and/or Bible Studies online? Yes ___ No ___

Do you post recordings of worship services or sermons online? Yes ___ No ___

Does the church send out a Newsletter... electronically? Yes ___ No ___ by regular mail? Yes ___ No ___

(Note: Please add The National Office to your newsletter mailing list, preferably by email: theaalc@taalc.org or by regular mail)

EVANGEL BULK MAILING:

You are currently receiving _____ copies of each issue of The Evangel (bulk mailing).

Please report the average number of copies remaining after distribution of each issue. _____

Please indicate distribution method: _____ Family Mailboxes at church _____ Greeters hand out

_____ Pick up off table/tract rack at church Other: _____

PLEASE INDICATE DAYS & STARTING TIME(S) OF WORSHIP SERVICE(S)

SUNDAY – Starting Time (s): _____

REGULAR MID-WEEK SERVICES: Day _____ Starting Time: _____

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 MORNINGS? Yes ___ No ___ Starting Time: _____

ATTENDANCE INFO

Total Number of Sunday Morning Worship Services held in 2024: _____ Average Sunday Morning Attendance: _____

Number of Communion Services in 2024: _____ Number of Members who communed at least once during the past year _____

Total Number of Sunday School Sessions for PreK – 8th Grade held in 2024: _____ Average Attendance _____

Total Number of Sunday School Sessions for 9th-12th Grade held in 2024: _____ Average Attendance _____

Families/Household Units _____

MINISTRY

PASTOR: _____ (Wife's Name) _____ Home Phone (_____) _____

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? No _____ Yes _____ *(If yes, provide the following information)*

Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

DO YOU HAVE A YOUTH DIRECTOR? No _____ Yes _____ *(If yes, provide the following information)*

Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

DO YOU HAVE A PAROCHIAL SCHOOL? No _____ Yes _____ *(If yes, please provide the following information)*

Name of School _____ Office Phone (_____) _____

Contact Person _____ Email: _____

Number of Pupils Enrolled: Preschool _____ K-6 _____ Grades 7-8 _____ Grades 9-12 _____

CHURCH OFFICE ADMINISTRATOR OR SECRETARY Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

MINISTRY REPORT

Please tell us about your congregation's ministry. _____

2025 OFFICERS OF THE CONGREGATION

President Mr. / Mrs. / Ms _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email _____

Secretary Mr. / Mrs. / Ms _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email _____

Treasurer Mr. / Mrs. / Ms _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email _____

MEN'S MINISTRY: Name of Contact Person _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email _____

WOMEN'S MINISTRY: Name of Contact Person _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Email _____

YOUTH MINISTRY: Name 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.