

# ANNUAL CONGREGATIONAL STATISTICAL REPORT FOR THE CALENDAR YEAR 2025

**PLEASE TYPE or PRINT ALL INFORMATION**  
**Please submit completed report by MARCH 15, 2026**

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](mailto:theaalc@taalc.org) or by regular mail)

## \*MEMBERSHIP TOTALS: (as of January 1, 2026)

BAPTIZED MEMBERSHIP TOTAL is \_\_\_\_\_ (this is the total number of ALL members – baptized & confirmed)

CONFIRMED MEMBERSHIP TOTAL is \_\_\_\_\_ (this is the total number of those who are confirmed)

Families/Household Units \_\_\_\_\_

\* The number of voting delegates each congregation receives for the General Convention is based on the total confirmed membership.

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: \_\_\_\_\_



# MINISTRY

**PASTOR:** \_\_\_\_\_ (Wife's Name) \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Check here if Pastoral Vacancy**

*If applicable -*

**ASSOCIATE PASTOR:** \_\_\_\_\_ (Wife's Name) \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**DO YOU HAVE A DEACON?** No \_\_\_\_ Yes \_\_\_\_ *(If yes, provide the following information)*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ 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 \_\_\_\_\_

## 2026 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 &  
RETURN TO THE NATIONAL OFFICE BY MARCH 15, 2026.**

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 or email her at: [bkohlrich@taalc.org](mailto:bkohlrich@taalc.org)