



**CHRISTIAN METHODIST EPISCOPAL CHURCH  
SIXTH EPISCOPAL DISTRICT  
PASTOR'S QUARTERLY CONFERENCE FORM**

**Bishop Kenneth W. Carter, Presiding Prelate**

**GEORGIA NORTH REGION: ATLANTA/ROME | AUGUSTA/THOMSON | ELBERTON/GAINESVILLE  
CENTRALGEORGIA NORTH REGION: MACON/BARNESVILLE | FORT VALLEY/SAVANNAH  
WEST GEORGIA REGION: NORTH COLUMBUS/LAGRANGE | SOUTH COLUMBUS/CORDELE  
SOUTH GEORGIA REGION: ALBANY/THOMASVILLE | MOULTRIE/MCRAE/BRUNSWICK**

DATE \_\_\_\_\_ CHURCH \_\_\_\_\_

Presiding Elder \_\_\_\_\_ and members of the \_\_\_\_\_ Quarterly Conference, it is a privilege to submit this report for the quarter beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Pastor's General Statement:

What are those significant events that have happened at your church since the last Quarter?

**STATISTICAL REPORT**

**MEMBERSHIP**

Infants baptized \_\_\_\_\_ Youth baptized \_\_\_\_\_ Adults baptized \_\_\_\_\_  
Converts added \_\_\_\_\_ Added otherwise \_\_\_\_\_ Lost by death \_\_\_\_\_  
Lost sight of \_\_\_\_\_ Removed \_\_\_\_\_ Transferred \_\_\_\_\_  
Cradle roll \_\_\_\_\_ Preparatory \_\_\_\_\_ Affiliate/Associate \_\_\_\_\_  
Full members \_\_\_\_\_

TOTAL MEMBERSHIP AT PRESENT \_\_\_\_\_

**PASTORAL MINISTRY**

Hospital visits \_\_\_\_\_ Jail/Prison \_\_\_\_\_ Nursing Home \_\_\_\_\_  
Sick/Shut In \_\_\_\_\_ Funerals \_\_\_\_\_ Marriages \_\_\_\_\_

**PASTORAL LEADERSHIP**

Exhorters \_\_\_\_\_  
Local Preachers \_\_\_\_\_  
Local Deacons \_\_\_\_\_  
Local Elders \_\_\_\_\_  
Training Sessions \_\_\_\_\_



**CHRISTIAN METHODIST EPISCOPAL CHURCH  
SIXTH EPISCOPAL DISTRICT  
PASTOR'S QUARTERLY CONFERENCE FORM**

**Bishop Kenneth W. Carter, Presiding Prelate**

Are the Connectional programs and ministries promoted in the local Church? Yes \_ No \_ If yes, describe how this is accomplished \_\_\_\_\_

Does your local Church have a Midweek Bible Study and Prayer Meeting? Yes \_ No \_ If yes, who conducts it? \_\_\_\_\_

Describe the general condition and spiritual state of the Church \_\_\_\_\_

Has the Pastor's salary been set for this Conference Year? Yes \_ No \_ If yes, what is the payable amount? \_\_\_\_\_

Are you a full time pastor? Yes \_ No \_ If no, do you have a supplementary salary? Yes \_ No \_ If there is a second job, how many hours are you required to work per week? \_\_\_\_\_

**PERSONAL DEVELOPMENT**

Number of books read \_\_\_\_\_

Number of educational meetings/seminars attended \_\_\_\_\_

Are you enrolled in any of the following?

Continuing Education Yes \_ No \_ Where? \_\_\_\_\_

College Yes \_ No \_ Where? \_\_\_\_\_

Seminary Yes \_ No \_ Where? \_\_\_\_\_

Did you attend any District Workshops? Yes \_ No \_

Did you attend and/or participate in the Annual Conference Yes \_ No \_

Did you attend and/or participate in the CME Convocation Yes \_ No \_

**PASTOR'S FOURTH QUARTERLY CONFERENCE REPORT APPENDIX  
(OR WHICH QUARTER THIS WORK IS COMPLETED)**

Have you made a spiritual Evaluation of Each Officer to be presented for the New Conference Year? Yes \_ No \_

Have you trained the officers to be presented for the New Conference Year? Yes \_ No \_

When does your Church Conference meet? \_\_\_\_\_

When does your Official Board meet? \_\_\_\_\_

**THE FOLLOWING QUESTIONS WILL BE ASKED DURING THE QUARTERLY  
CONFERENCE:**

Do you have any persons to be Licensed as an Exhorter, or as a Local Preacher, if so, list and give their name(s), address (es), and telephone number(s).

NAME ADDRESS TELEPHONE NUMBER

Do you have any persons who need their License to be renewed, if so, list and give their name(s), address(es), and telephone number(s).

NAME ADDRESS TELEPHONE NUMBER

What is the slate of Your Officers for the New Conference Year? Submit a typed list of Officers, addresses and telephone numbers.



**CHRISTIAN METHODIST EPISCOPAL CHURCH  
SIXTH EPISCOPAL DISTRICT  
PASTOR'S QUARTERLY CONFERENCE FORM**

**Bishop Kenneth W. Carter, Presiding Prelate**

What Persons have been voted by the Church Conference to serve as Annual Conference Delegates, to be certified at this Quarterly Conference: (List names of those persons below and submit a typed list of names, addresses, and telephone numbers.

Delegates

Alternates

List the recommendations for the Committee on Ministry of the Annual Conference? List below and submit a typed list of name(s), addresses and telephone number(s).

Listed deceased members for this Conference Year.

Submitted,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor in Charge  
Presiding Elder  
Presiding Bishop