

St. Paul A.M.E. Church
37/85 Bishop Richard Allen Drive
Cambridge, MA 02139

ORGANIZATION/MINISTRY QUARTERLY CONFERENCE INFORMATION REPORT

Date Completed _____

For Which Quarter? **First** **Second** **Third** **Fourth**

This Report Covers the Quarter which began _____ and ended _____.

Name of Organization/Ministry/Board _____

Person Completing This Report _____ Office You Hold? _____

1. How many **active** members are there in this Organization/Ministry/Board? _____
2. How many **inactive** members are there? _____
3. How many times did this Ministry meet/rehearse during this Quarter? _____
If you did not meet, why didn't you? _____
4. Do all members of the Ministry know when meetings are held? _____
Have **new members** been advised of when meetings are held? _____
5. Please describe exactly what the ministry did this Quarter.

6. The **FINANCIAL** report for this ministry is covered on a SEPARATE report. Does this Ministry have **ANY OTHER** funds that are not in St. Paul Church's accounts? _____
If YES, please indicate **HOW MUCH** you have in your physical possession, **WHY** you have it and **WHO** has it.

7. Is this ministry operating in accordance with its Mission Statement and in compliance with the Doctrine and Discipline of the African Methodist Episcopal Church? _____
8. Are there any problems with any members of this ministry? _____
If yes, what is the problem? _____
9. Is there anything the Pastor or Board of Stewards needs to know? _____
If yes, state here: