

Annual Church Profile 2021

To enter online, go to:
<http://nc.sbcworkspace.com>

Profile For: (Check One) Church Mission

User Name: _____

Password: _____

Name Of Church/Mission _____ Telephone Number _____

Ethnicity _____ Language _____

Church Twitter Acct _____ Church Facebook Acct _____

Email Address _____ Website _____

Mailing Address (St., PO Box No.) _____

City _____ State _____ Zip _____

Street Add. (Physical Add. or "911" Add. – do not use PO box) _____

City _____ State _____ Zip _____

County _____ Association _____

Statistical Profile

1. _____ **Total Members** Total of both resident and nonresident membership.

2. _____ **Resident Membership** All members who live close enough to your congregation to attend.

3. _____ **Total Baptisms** Total number of baptisms during the 2020-2021 reporting year. (Add Items 3a-3d).

3a. _____ 11 years and under

3b. _____ 12 to 17 years

3c. _____ 18 to 29 years

3d. _____ 30 and up

4. _____ **Other Additions** Number who became members of your congregation during the 2020-2021 reporting year by ways other than baptism (letter of transfer, statement, etc.).

5. _____ **In-Person Weekly Worship Attendance** Average number in the weekly worship service(s). If not kept, use the attendance for the last Sunday of the 2020-2021 reporting year.

6. _____ **Online Weekly Worship Attendance** Average number in the weekly worship service(s) online due to the pandemic during the 2020-2021 reporting year.

7. _____ **In-Person Sunday School/Bible Study/Small Group** Average number attending Sunday school each week during the 2020-2021 reporting year. This may be a Sunday school class, Bible study, small group or similar group. Include all ages from babies to adults but not counting anyone twice.

8. _____ **Online Sunday School/Bible Study/Small Group** Average number participating in the weekly Bible Study online during the 2020-2021 reporting year. This may be a Sunday school class, Bible study, small group or similar group.

9. _____ **VBS Enrollment** Number enrolled in Vacation Bible School for your congregation.

10. _____ **Total Mission Project Participation** Total number of persons (male and female) in your congregation who participated in mission projects (such as World Changers, Disaster Relief, Baptist Builders, Acteens Activators, Volunteer Connection, construction, church planting, evangelism, Bible clubs, surveys, etc.). Persons may be counted for each mission project in which they participated (Add Items 10a-10d).

10a. _____ Local Community

10b. _____ State

10c. _____ National

10d. _____ International

11. _____ **Total WMU Enrollment** Total number of Women Missionary Union members and leaders enrolled in the 2020-2021 reporting year.

12. _____ **Total Embrace/Women's Ministry Enrollment** Total number of Embrace/Women's Ministry members and leaders enrolled in the 2020-2021 reporting year.

13. _____ **Total Baptists on Mission Ministries Enrollment** Total number of all persons enrolled in all BOM projects and activities. Include members and leaders of disaster relief, and all age groups involved in missions sponsored by BOM.

14. _____ **Total Giving/Gifts** Total amount of all money received by the congregation. This amount should be the total of undesignated gifts, designated gifts, and other receipts (may include income from rentals, day school or kindergarten fees, savings, pastoral aid, parking fees, etc.).

14a. _____ **Undesignated Giving/Gifts:** Total amount of all tithes and offerings not designated by individuals. This includes regular budget offerings and loose monies from the offering.

14b. _____ **Designated Giving/Gifts:** Total amount of all designated tithes and offerings given by individuals. Designated receipts are gifts which the individual decides how the money will be spent. Lottie Moon, Annie Armstrong, State Missions, building fund, and debt retirement are examples of designated giving.

15. _____ **Total SBC Mission Giving Expenditures (Great Commission Giving)** Total amount of all money given during the 2020-2021 reporting year to all Southern Baptist mission causes by the congregation. This includes monies given to: Cooperative Program, Annie Armstrong, and Lottie Moon PLUS monies given to associations, state conventions (such as a State Mission Offering), and any other Southern Baptist mission cause. (Add Items 15a-15f).

15a. _____ **Cooperative Program Giving** Total amount of all money given through the Cooperative Program during the 2020-2021 reporting year.

15b. _____ **Assoc Missions** Total amount of all money given to Associational Missions.

15c. _____ **State Missions** Total amount of all money given to the North Carolina Missions Offering (State Missions Offering).

15d. _____ **Annie Armstrong Easter Offering** Total amount of money given to the Annie Armstrong Easter Offering for North American missions.

15e. _____ **Lottie Moon Christmas Offering** Total amount of money given to the Lottie Moon Christmas Offering for International Missions.

15f. _____ **Other SBC Mission Expenditures** Total amount of money given to any other SBC missions cause not reported in items a through e.

16. _____ **Non SBC Mission Expenditure** Total amount of all money given to non-Southern Baptist Convention mission causes by your congregation. An example would be Samaritan's Purse.

Supplemental Survey

Historical Events of Interest During Associational Year New Bldg., Dedications, Ordinations for Ministry, New Ministries Started, etc.

Mission(s) Operated by the Church *Include pastor's name and address.*

Mission Name	Pastor's Name	Street, Rt, Box No.	City, State, Zip

Members Deceased During the Year *Give names of congregational members who died during the 2020-2021 associational year. Indicate Mr., Mrs., Deacon, etc. and identify ordained ministers with the title Rev.*

Name	Date	Name	Date	Name	Date

The names and addresses collected on this form are used to compile the official denominational lists of church staff and other positions. Associations, state conventions, and SBC agencies use these names and addresses to communicate with persons about meetings, services, and products in which they may have an interest. Most persons find these communications to be helpful. Lists are not made available to individuals or groups outside of the denomination.

Leadership Profile *Please fill in all relevant information.*

- If two people occupy a staff position, put one person's name in the appropriate place on the form and put the second person's name in the space labeled "Other Positions or Roles."
- If your congregation employs any professional staff member(s) not listed on the form, please list name, address, and title of each on the "Other Positions or Roles" section.

Senior Pastor Preferred Position Title: _____ Start Date: _____

Bivocational Licensed Ordained Interim

Be sure to give your main pastor's name, address, and telephone number. If the pastor is there only for a short time until your congregation finds a pastor, please mark Interim above. Check Bivocational if your pastor is employed at another job in addition to your congregation.

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____ Pastor Twitter Acct. _____

Music Preferred Title: _____ Start Date: _____

Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Youth

Preferred Title: _____ Start Date: _____

 Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Children

Preferred Title: _____ Start Date: _____

 Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Preschool

Preferred Title: _____ Start Date: _____

 Volunteer (Not Paid) Part-Time (paid) Full-Time Ordained Licensed Bivocational

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Secretary

Preferred Title: _____ Start Date: _____

 Volunteer (Not Paid) Part-Time (paid) Full-Time*Your congregation may have more than one secretary. If so, give the name of the secretary who handles most congregational matters.*

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Sunday School Leader

Preferred Title: _____ Start Date: _____

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Women's Ministry Leader

Preferred Title: _____ Start Date: _____

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Deacon/Elder Chairperson

Preferred Title: _____ Start Date: _____

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Treasurer

Preferred Title: _____ Start Date: _____

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Stewardship Chairperson *The Stewardship Chairperson may also be known as Budget Chairperson, Finance Committee Chairperson, etc.*

Preferred Title: _____ Start Date: _____

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Church Clerk

Preferred Title: _____ Start Date: _____

Circle: Dr. Rev. Mr. Mrs. Ms. Miss Name _____

Mailing Address (St., Rt, Box No.) _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Other Positions or Roles *For additional positions, please use a separate sheet of paper.*

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Position _____ Name _____

Mailing Address (St., Rt, Box No.) _____ Start Date: _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____



North Carolina Baptists

Baptist State Convention of North Carolina
205 Convention Drive • Cary, NC 27511 • (919) 467-5100 • (800) 395-5102 • www.ncbaptist.org

The missions and ministries of the Baptist State Convention of North Carolina are made possible by your gifts through the Cooperative Program and the North Carolina Missions Offering.

If you have any questions or concerns, please contact:

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