

2024 PRESBYTERY INFORMATION

CHURCH: _____ **Church ID {Minutes of Synod} #** _____

PRESBYTERY: _____

FILL IN ONLY THE CATEGORY BELOW THAT APPLIES:

A. PASTORS, MISSION DEVELOPERS, BI-VOCATIONAL

List the changes in the Minister's Call [FOG 9.54, N]

1. Name of Minister _____
 Pastor Mission Developer Bi-Vocational
2. Was there an annual review of the call? Yes No [FOG 9.54, H (4)]
3. Does call include provisions for death and disability? Yes No
4. Do you provide a manse? Yes No
5. Is the pastor or mission developer enrolled in Synod's retirement program? Yes No
6. Is the church contributing 12% to the minister's retirement? Yes No
7. If not giving to the ARPC plan has the opt form been completed by the Church? Yes No N/A
8. Is the pastor or mission developer enrolled in Synod's Life & LTD Insurance Program? Yes No
(Note: Enrollment is mandatory for all employees working 30 or more hours per week.)
9. Is the pastor or developer enrolled in Synod's Medical/Dental Insurance Program? Yes No

Year	Base Salary	Housing Allow.	Auto Allow.	Utilities with Manse	Cont. Ed.	Other Allowances Not Insurance or Retirement
2024	\$	\$	\$	\$	\$	\$
2025	\$	\$	\$	\$	\$	

B. ASSOCIATE [S]: **[If there is more than one associate, please copy and fill out form B. for each.]**

1. **NAME** _____

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8. Is the pastor or mission developer enrolled in Synod's Life & LTD Insurance Program? Yes No
(Note: Enrollment is mandatory for all employees working 30 or more hours per week.)
9. Is the pastor or developer enrolled in Synod's Medical/Dental Insurance Program? Yes No

Year	Base Salary	Housing Allow.	Auto Allow.	Utilities with Manse	Cont. Ed.	Other Allowances Not Insurance or Retirement
2024	\$	\$	\$	\$	\$	\$
2025	\$	\$	\$	\$	\$	

LOCAL CONGREGATIONS

CHURCH _____

C. **STATED SUPPLY:** Yes No

NAME OF PRESBYTERY APPROVED STATED SUPPLY: _____

NOTE: IF THE STATED SUPPLY WORKS 30 HOURS A WEEK OR MORE, HE MUST BE OFFERED SYNOD'S MEDICAL/DENTAL INSURANCE PROGRAM.

1. Is the Stated Supply enrolled in Synod's Medical/Dental Insurance Program? Yes No
2. Is the pastor or mission developer enrolled in Synod's Life & LTD Insurance Program? Yes No
(Note: Enrollment is mandatory for all employees working 30 or more hours per week.)

Year	Base Salary	Housing Allow.	Auto Allow.	Cont. Ed.	Other Allow.
2024	\$	\$	\$	\$	\$
2025	\$	\$	\$	\$	\$

D. **PULPIT VACANT, SESSION SECURES SUPPLIES:** Yes No

Honoraria paid per week \$_____ Mileage Paid Yes No

E. **SESSION** (Missions should answer only parts that are applicable.)

1. Do you follow a rotary system? [FOG 8.5] Yes No Provisional Session
2. Was your session represented by an **Elder** at: [FOG 10.6]
 - A. General Synod Yes No N/A
 - B. Spring Stated Presbytery Meeting Yes No N/A
 - C. Summer Stated Presbytery Meeting Yes No N/A
 - D. Fall Stated Presbytery Meeting Yes No N/A
 - E. Winter Presbytery Meeting Yes No N/A
3. As required by the *Form of Government*, does your session or mission have an accurate record of the following rolls: [FOG 6.9, B]
 - A. Communicant and non-communicant members? Yes No
 - B. Names of persons receiving Baptism? Yes No
 - C. Death of members? Yes No
 - D. Marriage of members? Yes No
4. Were your Sessional or Provisional Sessional records inspected and reviewed by Presbytery? [FOG 6.9.A] Yes No
5. Has there been an outside review of the Treasurer's books in the past 3 years? [FOG 5.11] Yes No
Date of last review? mm/day/year_____
6. Number of active elders currently serving on session _____
7. Names of Ruling Elders newly elected to the Session to serve in the new year or elected during the current year for an unexpired term [FOG 8.25]

Name of Elder	A. Ordained & Installed	B. Reinstalled	C. Received from:	D. To Serve a Provisional Session for Missions	E. Elected Emeritus	Date
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

LOCAL CONGREGATIONS

CHURCH _____

8. Names of Ruling Elders in your congregation lost by death: [FOG 6.9, B (3)]

Name of Elder	Ordination Date	Date of Death

9. Names of Ruling Elders in your congregation who resigned, demitted or were removed for cause.

Name of Elder	Date of Action	Resigned	Demitted	Removed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR PRESBYTERY AND GENERAL SYNOD

F. PRESBYTERY

1. Have you paid in full your Presbytery assessment/commitment? Yes No

G. SYNOD

1. Are you meeting the goals of Synod's Denominational Ministry GOALS: **CHECK ONLY 1 BLANK:**

- A. Pledge of more than 20% of the General Fund?
- B. Pledge of 20% of the General Fund?
- C. Giving at least 10% or more
- D. Increase of 1 percentage point over last year's commitment to the General Synod?

2. Denominational Ministry Pledge for 2023 Year \$ _____

3. Denominational Ministry Pledge for 2024 Year \$ _____

4. Have you met and paid in full your 2023 Denominational Ministry Pledge? Yes No

If not, why? _____

Name of Person Completing this Form (Print Name): _____

(Signature): _____

Date Approved by Session: _____

RETURN ONE COPY OF THIS REPORT TO YOUR PRESBYTERY CLERK.

Thank you for returning this form by February 1, 2025

DIRECTORY INFORMATION

Clerk of Session Name: _____

Clerk Address: _____

Clerk Phone: _____ Clerk Email: _____

Treasurer Name: _____
Treasurer Address: _____
Treasurer Phone: _____ Treasurer Email: _____

ADDITIONAL DIRECTORY INFORMATION:

Pastor: _____ Email: _____

Administrative Asst.: _____ Email: _____

Music Director: _____ Email: _____

Women's Ministry: _____ Email: _____

DCE: _____ Email: _____

YOUTH & CHILDREN CONTACT PERSON: _____

Phone: _____ Email: _____

ADDITIONAL CHURCH INFORMATION

Please respond YES or NO if you have the following activities:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| A. Children Sunday School Classes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Adult Sunday School Classes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Youth Groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Young Adult Groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Adult Bible Study Groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Mission Conferences | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Short-Term Mission Programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Evangelism Programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Community Outreach Events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. Vacation Bible School | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Thank you for returning this form by February 1, 2025

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