

## 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<br><b>Not Insurance or Retirement</b> |
|-------------|-------------|----------------|-------------|----------------------|-----------|--|
| <b>2023</b> | \$          | \$             | \$          | \$                   | \$        | \$   |
| <b>2025</b> | \$          | \$             | \$          | \$                   | \$        |  |

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

1. **NAME** \_\_\_\_\_

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<br><b>Not Insurance or Retirement</b> |
|-------------|-------------|----------------|-------------|----------------------|-----------|--|
| <b>2023</b> | \$          | \$             | \$          | \$                   | \$        | \$   |
| <b>2024</b> | \$          | \$             | \$          | \$                   | \$        |  |

**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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