

PENINSULAR FLORIDA DISTRICT COUNCIL AG :: PO BOX 24687; LAKELAND, FL 33802-4687
New Church Application :: PFPLANTING.com :: (863) 683-5726 :: email form to yirizarry@penflorida.org

Applicant's name _____ **Address** _____

City _____ **State** ____ **Zip** _____ **Phone:** () _____ **Email:** _____

If the church has a different mailing address please put it here _____

Applicant's Credential Status: Ordained [] Licensed [] Certified [] With what District _____

- Please attach a copy of your Driver's License and AG Credential Card

Ministerial experience (explain) _____

Where will you hold services _____ **City** _____

- Write TBA if you don't have a location yet. Let us know as soon as you know.

Has your church been incorporated yet: Yes [] No [] EIN# _____ (We can help you with this)

Name or Proposed Name of Church: _____

What is your proposed budget for your first year _____ How will you raise this _____

Are you willing to work in harmony with the PFDC and the General Council Bylaws _____

When do you plan to start meetings for this new church _____ What is your proposed launch date _____

Do you commit to: 1. personal and 2. organizational (home and abroad) tithing from day one of this new church _____

BEFORE SUBMITTING - Connect With the Presbyter from the section you wish to plant – PFDC can provide contact info

Sectional Team Action

Recommend approval Yes [] No [] Note: _____

Presbyter's Signature For The Committee

Date

- This form **MUST** be signed by the Presbyter and approved by the Sectional Committee (in person or electronically by phone or email). Then submit this completed form to the PFDC.

Applicant's Signature

Date

What's Next:

1. Get This Application Approved – Email to **yirizarry@penflorida.org**
2. Work With The Church Planting Team To Get Legally Set Up
3. Apply For A General Council Church Charter (After Legal Set Up)
4. Gather Your Team. Pray hard. Gather resources. Go Plant And Grow A Great Church – See Lives Changed!

----- **Office Staff Only** -----

District Executive Team Action

Approval Yes [] No [] Note _____

Superintendent or Secretary's Signature For The Committee

Date