

Progressive Church of Our Lord Jesus Christ, Inc.

Quarterly Report

Assembly

Address

City

State

Period covered by Report _____/_____/_____ to _____/_____/_____
Month Date Year Month Date Year

Date Report Completed _____/_____/_____
Month Date Year

Name of person who completed the report: _____

1.Total Offering received for the Quarter: _____

2.Quarterly Assessment to the National Church.

(10% of Offering received during the quarter): _____

3.Number baptized during the quarter: _____

4.Number received the Holy Ghost during the quarter: _____

5.Number returned to the Lord or transferred from another church during the quarter: _____

6.Number of visitors during the quarter: _____

7.Quarterly Report of Local Ministerial/ Clergy staff in compliance with tithing and financial support to the local church.

Clergy Names:

Faithful in Church Support:

Faithful in Financial Support:

a. _____	Yes___ No___	Yes___ No___
b. _____	Yes___ No___	Yes___ No___
c. _____	Yes___ No___	Yes___ No___
d. _____	Yes___ No___	Yes___ No___
e. _____	Yes___ No___	Yes___ No___
f. _____	Yes___ No___	Yes___ No___
g. _____	Yes___ No___	Yes___ No___

Signature of Pastor

**** Please attach a check for the amount of your Quarterly Assessment**

Revised 5/27/23