The Church of God of Prophecy
PO Box 3070
Leesville, SC 29070

ANNUAL DEACON/DEACONESS REPORT
To the South Carolina State Office

Date:_____

Name:_____

Address:_____City:_____

State:_____Zip:_____

Phone:_____

Email Address: _____

Name of Local Church_____

Are you striving to be a good example for other believers?_____

In cooperation with the pastor, do you take an active role in the business of the local church?_____

Do you actively visit?_____

Do you maintain an active prayer life?_____

Regular Family Devotions?_____ Read and Study Scriptures?_____

Number of times assisted in or taken part of:
Lord's Supper_____ Feet Washing_____ Baptizing_____

Have you been faithful in Stewardship of tithing and giving?_____

What other positions do you hold in local church: Teacher___ Care Group leader____Sunday School Superintendent_____ Other_____

Accountability: In personal evangelism, how many have been:
Saved_____ Sanctified_____ Baptized with the Holy Ghost_____
Baptized in water_____.

Send this Annual Report to the State Office by Feb. 28, 2025*