

2023 SUPPLEMENTAL REPORT – PERSONNEL AND OTHER DATA

For use by the Presbytery of New Covenant

CHURCH NAME _____ CITY _____

STREET ADDRESS _____

MAILING ADDRESS (if different) _____ ZIP _____

TELEPHONE(S): (_____) _____ FAX:(_____) _____

E-MAIL ADDRESS OF CHURCH _____

CHURCH WEBSITE ADDRESS _____

WORSHIP TIMES: _____

NAME & CELL PHONE CONTACT (IN CASE OF EMERGENCIES, SUCH AS A HURRICANE):

Do you have a disaster response/emergency action plan? _____ When was it last reviewed? _____
Do you have a church safety plan? _____ Would be interested in learning more about church safety? _____

OTHER INFORMATION

PIN (PERMANENT IDENTIFICATION #) _____ EIN (EMPLOYER IDENTIFICATION) _____

THE STATE OF TEXAS REQUIRES A PERIODIC REPORT OF THE NON-PROFIT STATUS EVERY FOUR YEARS. DATE OF LAST FILING? _____

REGISTERED AGENT NAME & ADDRESS _____

CHURCH INSURANCE AGENT (Name and Telephone number): _____

INSURANCE POLICY NUMBER _____ EXPIRATION DATE OF POLICY _____

INSURED VALUE OF CHURCH _____ DATE LAST APPRAISED _____ VALUE _____

Are your church buildings insured for "Replacement Value?" YES _____ NO _____

MONTH OFFICERS ARE INSTALLED _____ (Members of Session form sent separately)

DO YOU HAVE YOUTH WHO ARE SERVING AS ELDERS AND/OR DEACONS? YES _____ NO _____

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE?

RETURN FORM TO:

Lynn Hargrove (lhargrove@pyofnewcovenant.org)
Presbytery of New Covenant
4803 San Felipe
Houston, TX 77056

PLEASE INCLUDE A RECENT CHURCH DIRECTORY (FOR USE BY THE PRESBYTERY STAFF ONLY)

STAFF INFORMATION

*Your church staff may not include all of these positions! Please indicate if positions are paid or volunteer.
If available, you may send a copy of your staff directory.*

PASTOR(S) _____ Email: _____ Pd Vol

PASTOR(S) _____ Email: _____ Pd Vol

PASTOR(S) _____ Email: _____ Pd Vol

PASTOR(S) _____ Email: _____ Pd Vol

PASTOR(S) _____ Email: _____ Pd Vol

COMMISSIONED RULING ELDER _____ Email: _____ Pd Vol

CHURCH SECRETARY _____ Email: _____ Pd Vol

CHRISTIAN EDUCATOR _____ Email: _____ Pd Vol

CHILDREN'S MINISTRY _____ Email: _____ Pd Vol

NURSERY DIRECTOR _____ Email: _____ Pd Vol

YOUTH DIRECTOR _____ Email: _____ Pd Vol

OFFICE MANAGER _____ Email: _____ Pd Vol

BUSINESS MANAGER _____ Email: _____ Pd Vol

NEWSLETTER EDITOR _____ Email: _____ Pd Vol

DIRECTOR OF MUSIC _____ Email: _____ Pd Vol

MUSICIAN _____ Email: _____ Pd Vol

OTHER _____ Email: _____ Pd Vol

OTHER CONTACTS

Please include name, address, phone numbers and email addresses.

CLERK OF SESSION _____

TREASURER _____

OUTREACH/MISSION CHAIR _____

PRESBYTERIAN WOMEN _____

WEEKDAY PRE-SCHOOL / DAY CARE CENTER / MOTHERS DAY OUT / WEEKDAY SCHOOL / AFTER-SCHOOL PROGRAM

SCHOOL NAME: _____

PROGRAM TYPE (see list above) _____

DIRECTOR'S NAME: _____ Email: _____

SCHOOL NAME: _____

PROGRAM TYPE (see list above) _____

DIRECTOR'S NAME: _____ Email: _____