



FLORIDA GENERAL BAPTIST CONVENTION, INC. Page ____ of ____
Congress Official Registration Continuation Form
(Please Print Clearly)

Person Submitting Report: _____ Telephone: () _____

Church: _____ City: _____ Association: _____

NAME (Association/Church/Delegate/Ministry/Vendor)	ADDRESS (City / State / Zip)	CONTRIBUTION PURPOSE	AMOUNT PAID	CHECK NUMBER
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GRAND TOTAL: \$				