



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

Page ____ of ____

Person Submitting Report: _____ Tele: () _____

Church: _____ City: _____ Association: _____

NAME OF DELEGATES / CHURCH <i>List Titles (Rev., Dr., Mrs., Miss.)</i>	ADDRESS <i>City / State / Zip Code</i>	CONTRIBUTION PURPOSE	AMOUNT PAID	CHECK NUMBER
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
11.			\$	
12.			\$	
13.			\$	
14.			\$	
GRAND TOTAL PAID:			\$	