



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

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: | | | \$ | |