



Florida General Baptist Convention, Inc.

Rev. Dr. James B. Sampson, President

OFFICIAL MODERATOR / SOLIDARITY REPORT

Date: _____

Session: _____ Location of Session: _____

Association: _____

Moderator's Name: _____ Phone: () _____

Moderator's Address: _____ Email: _____

City: _____ Zip: _____

PERSONAL ENROLLMENT

Moderator \$ _____ Ck # _____

1st Vice-Moderator Name: _____ \$ _____ Ck # _____

2nd Vice-Moderator Name: _____ \$ _____ Ck # _____

3rd Vice-Moderator Name: _____ \$ _____ Ck # _____

SOLIDARITY REPORT

(In order to ensure that the correct church receives credit, please provide all requested information, as well as the check number of all checks)

CHURCH	PASTOR	ADDRESS	CITY/ZIP	AMOUNT	CK#/CASH
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(Complete Additional Form(s) if reporting more than ten (10) churches)

CHECKS = \$ _____

CASH = \$ _____

TOTAL = \$ _____

(FGBCI Office Use Only)

Finance Staff Signature: _____ No. of Chks: _____ Amount: \$ _____ Cash: _____

Original - Hdqtrs. Office

Keep Copy As Receipt

(Revised 2/10)