



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

Person Submitting Report: _____ Telephone: () _____

Church: _____ City: _____ Association: _____

| NAME <small>(Association/Church/Delegate/Ministry/Vendor)</small> | ADDRESS <small>(City / State / Zip)</small> | CONTRIBUTION PURPOSE | AMOUNT PAID | CHECK NUMBER |
|----------------------------------------------------------------------|------------------------------------------------|-------------------------|----------------|-----------------|
| 1. | | | | |
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| 17. | | | | |
| 18. | | | | |
| GRAND TOTAL: \$ | | | | |