



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

Person Submitting Report: _____ Telephone: () _____

Church: _____ City: _____ Association: _____

NAME OF DELEGATES List Titles (Rev., Dr., Mrs., Miss.)	EMAIL ADDRESS <i>(Needed to Receive Access Codes)</i>	CONTRIBUTION PURPOSE	AMOUNT PAID	CHECK NUMBER
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