

# ASSOCIATIONAL LETTER

The \_\_\_\_\_ Baptist Church of \_\_\_\_\_  
To the messengers of the **Florida State Association of Missionary Baptist Churches** when convened with the  
**Westwood Missionary Baptist Church, Winter Haven, FL, July 11-13, 2023.**

**Church Address:** Street Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Zip \_\_\_\_\_  
(Mailing if different): \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email address: \_\_\_\_\_

**Pastor:** \_\_\_\_\_ **Clerk:** \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_

**Messengers:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Alternates:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## STATISTICS

**Membership Last Year** \_\_\_\_\_  
**Increase:**  
Baptism \_\_\_\_\_  
Letter \_\_\_\_\_  
Statement \_\_\_\_\_  
Restoration \_\_\_\_\_  
**Total Increase** \_\_\_\_\_

**Decrease:**  
Letter: \_\_\_\_\_  
Death: \_\_\_\_\_  
Exclusion \_\_\_\_\_  
**Total Decrease** \_\_\_\_\_

**Present Membership** \_\_\_\_\_

## FINANCIAL STATISTICS

Minutes-Clerk (State) \$ \_\_\_\_\_  
Host Church Expenses \_\_\_\_\_  
Ladies Auxiliary \_\_\_\_\_  
Christian Education \_\_\_\_\_  
Youth Encampment \_\_\_\_\_  
Radio, TV, etc. \_\_\_\_\_

Local Missions \$ \_\_\_\_\_  
State Missions \_\_\_\_\_  
Interstate Missions \_\_\_\_\_  
Foreign Missions \_\_\_\_\_  
Florida Mission Development \_\_\_\_\_  
**TOTAL MISSIONS** \$ \_\_\_\_\_

**Number of 2023 Yearbooks (Minutes) requested** \_\_\_\_\_  
**Our church would like to host the 2026 session** \_\_\_\_\_

Signed,

\_\_\_\_\_  
Moderator

\_\_\_\_\_  
Clerk

*Please complete both pages of this form (Type or Print) and bring it to the messenger assembly, or return it by mail to Carl M. Burgner, P.O. Box 420722, Kissimmee, FL 34742.*

**DECEASED MEMBERS:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**ORDAINED MINISTERS:** *(Please include Pastor)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**LICENSED MINISTERS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**OTHER INFORMATION:**

**Make all checks payable to the Florida State Association and mail to Carl M. Burgner, P.O. Box 420722, Kissimmee, FL 34742**

**PLEASE ATTACH ANY RESOLUTIONS OR OTHER PERTINENT INFORMATION**