

**2018 SUPPLEMENTAL REPORT – PERSONNEL AND OTHER DATA**  
*For use by the Presbytery of New Covenant*

CHURCH NAME \_\_\_\_\_ CITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE(S): (\_\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS OF CHURCH \_\_\_\_\_

CHURCH WEBSITE ADDRESS \_\_\_\_\_

DATE CHURCH ORGANIZED (Month & Year) \_\_\_\_\_ CHURCH MEMBERSHIP \_\_\_\_\_

NAME & CELL PHONE CONTACT (IN CASE OF EMERGENCIES, SUCH AS A HURRICANE):

\_\_\_\_\_  
*Do you have a disaster response/emergency action plan? Yes \_\_\_\_\_ No \_\_\_\_\_ When was it last reviewed? \_\_\_\_\_*

**OTHER INFORMATION**

PIN (PERMANENT IDENTIFICATION #) \_\_\_\_\_ EIN (EMPLOYER IDENTIFICATION ) \_\_\_\_\_

THE STATE OF TEXAS REQUIRES A PERIODIC REPORT OF THE NON-PROFIT STATUS EVERY FOUR YEARS. DATE OF LAST FILING? \_\_\_\_\_

REGISTERED AGENT NAME & ADDRESS \_\_\_\_\_

CHURCH INSURANCE AGENT (Name and Telephone number): \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE OF POLICY \_\_\_\_\_

INSURED VALUE OF CHURCH \_\_\_\_\_ DATE LAST APPRAISED \_\_\_\_\_ VALUE \_\_\_\_\_

Are your church buildings insured for "Replacement Value?" YES \_\_\_\_\_ NO \_\_\_\_\_

MONTH OFFICERS ARE INSTALLED \_\_\_\_\_ (Members of Session form sent separately)

DO YOU HAVE YOUTH WHO ARE SERVING AS ELDERS AND/OR DEACONS? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN FORM TO:**

Patricia Brantley ([pbrantley@pbyofnewcovenant.org](mailto:pbrantley@pbyofnewcovenant.org))  
Presbytery of New Covenant  
1110 Lovett Blvd.  
Houston, TX 77006-3824

***PLEASE INCLUDE A RECENT CHURCH DIRECTORY (FOR USE BY THE PRESBYTERY STAFF ONLY)***

**STAFF INFORMATION**

*Please indicate if positions are paid or volunteer. (If available, you may send a copy of your staff directory.)*

PASTOR(S) \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
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PASTOR(S) \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
PASTOR(S) \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
PASTOR(S) \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
COMMISSIONED RULING ELDER \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
CHRISTIAN EDUCATOR \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
CHILDREN'S MINISTRY \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
NURSERY DIRECTOR \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
YOUTH DIRECTOR \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
OFFICE MANAGER \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
BUSINESS MANAGER \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
NEWSLETTER EDITOR \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
DIRECTOR OF MUSIC \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
MUSICIAN \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol  
OTHER \_\_\_\_\_ Email: \_\_\_\_\_ Pd Vol

**OTHER CONTACTS**

*Please include name, address, phone numbers and email addresses.*

CLERK OF SESSION \_\_\_\_\_  
TREASURER \_\_\_\_\_  
OUTREACH/MISSION CHAIR \_\_\_\_\_  
PRESBYTERIAN WOMEN \_\_\_\_\_

**WEEKDAY PRE-SCHOOL / DAY CARE CENTER / MOTHERS DAY OUT / WEEKDAY SCHOOL / AFTER-SCHOOL PROGRAM**

SCHOOL NAME: \_\_\_\_\_  
PROGRAM TYPE (see list above) \_\_\_\_\_  
DIRECTOR'S NAME: \_\_\_\_\_ Email: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_  
PROGRAM TYPE (see list above) \_\_\_\_\_  
DIRECTOR'S NAME: \_\_\_\_\_ Email: \_\_\_\_\_