



FULL GOSPEL BUSINESS MENS FELLOWSHIP INTERNATIONAL

FINANCIAL REPORT FOR THE YEAR 20□□

Chapter or Group Name: _____ Chapter or Group #: _____

Location / City: _____ State: _____ Nation: _____

Director or District Coordinator: _____

FINANCIAL REPORT: Must be submitted to the International Office to comply with the Internal Revenue Service requirements. Financial reporting and accountability includes accounts for all chapters, conventions, regional, advances, prison ministry, other events. Note: If a chapter or group becomes inactive or disbands, all funds are to be forwarded to the International Office per the Charter Agreement.

Beginning Date: _____ Please Check One: Monthly Quarterly Annual

\$ _____ BEGINNING BALANCE (Cash in Bank and on hand first day of reporting period)

RECEIPTS

- \$ _____ Offerings & Contributions
\$ _____ Meals
\$ _____ Membership Dues
\$ _____ Special Meetings (advance, seminar, etc.)
\$ _____ Pledge Payments
\$ _____ Specified (Voice, Media, International)
\$ _____ Product Sales
\$ _____ Returned Checks Re-Deposited
\$ _____ Other: _____
\$ _____ TOTAL RECEIPTS

\$ _____ SUBTOTAL (including Beginning Bal.)

EXPENDITURES

- \$ _____ Gifts to the International
\$ _____ Bank Charges
\$ _____ Advertising
\$ _____ Facilities
\$ _____ Public Relations
\$ _____ Literature (Voice, etc...)
\$ _____ Meals
\$ _____ Postage & Mailing
\$ _____ Post Office Box
\$ _____ Printing
\$ _____ Special Meetings (Advance...)

Special Speakers:

- \$ _____ Honorariums
\$ _____ Food & Lodging
\$ _____ Travel

- \$ _____ Total Special Speakers
\$ _____ Telephone/Internet
\$ _____ Returned Checks
\$ _____ Other: _____
\$ _____ TOTAL EXPENDITURES

ENDING BALANCE \$ _____

(Receipts Subtotal minus Total Expenditures)

(Total In Bank and On Hand at the End of Reporting Period)

END DATE: _____

Signed: (1) Signature _____ Printed Name _____ Title _____ Date _____

Signed: (2) Signature _____ Printed Name _____ Title _____ Date _____



FULL GOSPEL BUSINESS MENS FELLOWSHIP INTERNATIONAL
CHAPTER OFFICERS ELECTION REPORT FOR CHAPTER #

OFFICIAL MAILING ADDRESS

*** PLEASE PRINT CLEARLY***

Chapter Name: _____ Chapter # _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Chapter Email: _____

PRIMARY MEETING PLACE

Meeting Place Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Day of Meeting: Sun Mon Tue Wed Thur Fri Sat

Frequency of Meeting: 1st 2nd 3rd 4th Every Week

Meeting Time: _____ AM PM

Please Fill In The Appropriate Information

This Chapter is: Active Inactive Pending (In Formation) Fellowship Group
 Ladies of the Fellowship Chapter Youth Chapter

Director: _____ Phone: _____

Field Rep: _____ Phone: _____

Election Moderated by: _____ Phone: _____

Moderators Signature: _____ Date: _____

Comments: _____

Send to: FGBMFI, PO Box 60925, Houston, TX 77205 Phone: +1 281-405-2656 Email: info@fgbmfi.org

Chapter/Group Officers

(Must Be Current Members of FGBMFI)

PRESIDENT (COORDINATOR)

NEW**RE-ELECTED**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____

VICE-PRESIDENT (Chapters Only)

NEW**RE-ELECTED**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____

SECRETARY (Appointed by President)

[responsible for recordkeeping, memberships & communications]

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____

TREASURER

NEW**RE-ELECTED**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Fax Phone: (____) _____ Email: _____

Spouse Name: _____ Spouse Email: _____



CHAPTER OR GROUP INFORMATION UPDATE

FULL GOSEPL BUSINESS MENS FELLOWSHIP INTERNATIONAL

OFFICIAL MAILING ADDRESS

*** PLEASE PRINT CLEARLY***

Chapter Name: _____ Chapter # _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Chapter Email: _____

OFFICER'S CONTACT INFORMATION

President's Name: _____

President's Email: _____

Vice-President's Name: _____

Vice-President's Email: _____

Secretary's Name: _____

Secretary's Email: _____

Treasurer's Name: _____

Treasurer's Email: _____

PRIMARY MEETING PLACE

Meeting Place Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Day of Meeting: Sun Mon Tue Wed Thur Fri Sat

Frequency of Meeting: 1st 2nd 3rd 4th Every Week

Meeting Time: _____ AM PM

Prepared by: _____ Signature: _____ Date: _____

Chapter Officer—Please Print

Send To: **FGBMFI, PO Box 60925, Houston, TX 77205 Phone: +1 281-405-2656 Email: info@fgbmf.org C-122 • Revised 10/13**