Assn:										3 of 10
2020 Leader Congregation	-	e								
Address:								SBC	ld:	
Pastor					Status: O Full-time (check one) O Bi-vocational	InterimVolunteer	Ordained: (check one)		Licensed: (check one)	O Yes O No
Title:	Name:	rst Middle		Last	O Part-time	D				
Salutation:	1 11	Spous	e:	Lust	Cell Phone: () -	Day Phone: ()	- Er	mail:		
Llama Adduaga					Preferred Mailing Address:					
Home Address: City, State Zip:					(if different from Home) City, State Zip:					
					erty, state 21p.					
Associate Pa	astor Name:				Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: (check one)		Licensed: (check one)	YesNo
1100		rst Middle		Last	Cell	Day				
Salutation:		Spous	e:		Phone: () - Preferred Mailing Address:	Phone: ()	<u>Er</u>	mail:		
Home Address:					(if different from Home)					
City, State Zip:					City, State Zip:					
Campus Pas					Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: (check one)		Licensed: (check one)	O Yes O No
Title:	Name:	rst Middle		Last	Cell	Day				
Salutation:		Spous	e:		Phone: () -	Phone: ()	- Er	mail:		
Home Address:					Preferred Mailing Address: (if different from Home)					
City, State Zip:					City, State Zip:					
					erty, state 21p.					
Minister of	Education Name:				Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: (check one)		Licensed: (check one)	O Yes O No
	Fi	rst Middle		Last	Cell	Day				
Salutation:		Spous Spous	e:		Phone: () - Preferred Mailing Address:	Phone: ()	Er	mail:		
Home Address:					(if different from Home)					
City, State Zip:					City, State Zip:					
Minister of	Music/Dire	ector			Status: O Full-time (check one) O Bi-vocational	O Interim O Volunteer	Ordained: (check one)		Licensed: (check one)	O Yes O No
Title:	Name:	rst Middle		Last	O Part-time	5				
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I I A -l -l					Preferred Mailing Address:					
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City, State Zip.					City, State Zip:					
Minister to	Children Name:				Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: (check one)		Licensed: (check one)	YesNo
Title.	Fil	rst Middle		Last	Cell	Day				
Salutation:		Spous	e:		Phone: () -	Phone: ()	Er	mail:		
Home Address:					Preferred Mailing Address: (if different from Home)					
City, State Zip:					City, State Zip:					
					Status: O Full-time	Olntorin	Ordaina	O Vac	Liconcod	O Vaa
Minister to	Preschool				Status: O Full-time (check one) O Bi-vocational	InterimVolunteer	Ordained: (check one)		Licensed: (check one)	O Yes O No
Title:	Name:				O Part-time					
Salutation:	Fi	rst Middle Spous	e:	Last	Cell Phone: () -	Day Phone: ()	- Fr	mail:		
		<u> </u>			Preferred Mailing Address:					
Home Address:					(if different from Home)					

City, State Zip:

2020 Leadership Profile

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ined:	O Yes	Licensed: (check one)	O Yes O No
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one)	O No	Licensed: (check one)	O No
<u>Ema</u>	ail:		
		Licensed: (check one)	

Addiess.				_		3BC Id:			
Minister of	Youth			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) O No	Licensed: (check one)	O Yes O No	
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:			
Home Address:				Preferred Mailing Address: (if different from Home)					
City, State Zip:				City, State Zip:					
Minister to	Singles Name:			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: • Yes (check one) • No	Licensed: (check one)	O Yes O No	
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:			
Home Address:				Preferred Mailing Address: (if different from Home)					
City, State Zip:				City, State Zip:					
Minister of	Recreation			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes (check one) No	Licensed: (check one)	O Yes O No	
Salutation:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:			
Home Address:				(if different from Home)					
City, State Zip:				City, State Zip:					
Church Sec	retary			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes (check one) O No	Licensed: (check one)	O Yes O No	
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:			
Home Address:				Preferred Mailing Address: (if different from Home)					
City, State Zip:				City, State Zip:					
Acteens Di	rector/Pres			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) No	Licensed: (check one)	O Yes O No	
Salutation: Home Address:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address: (if different from Home)	Day Phone: ()	- Email:			
City, State Zip:				City, State Zip:					
Baptist Me	n Director			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) O No	Licensed: (check one)	O Yes O No	
Salutation:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:			
Home Address:				(if different from Home)					
City, State Zip:				City, State Zip:					
Business A	dministrator			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: • Yes (check one) • No	Licensed: (check one)	O Yes O No	
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:			
Home Address:				Preferred Mailing Address: (if different from Home)					
City, State Zip:				_ City, State Zip:					

2020 Leadership Profile **Congregation:** Address: SBC Id: Status: O Full-time O Interim Ordained: • Yes Licensed: Yes **Chairman of Deacons** (check one) O Bi-vocational Volunteer (check one) ○ No (check one) O No O Part-time Name: Middle Last Cell Day Phone: Salutation: Spouse: Phone: (Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: O Yes O Yes Licensed: **Challengers Director/Leader** (check one) O Bi-vocational Volunteer (check one) O No (check one) O No O Part-time Title: Name: Middle First Last Cell Day Salutation: Spouse: Phone: (Phone: Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: Yes Licensed: Yes **Children in Action** (check one) O Bi-vocational Volunteer (check one) O No (check one) O No O Part-time Middle Last Cell Day Phone: (Phone: (Salutation: Spouse: Email: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: O Yes Licensed: O Yes **Church Clerk** (check one) O Bi-vocational Volunteer (check one) O No (check one) O No O Part-time Name: Middle First Last Cell Day Salutation: Spouse Phone: (Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: O Full-time Yes O Interim Ordained: Licensed: Yes **ACP Contact-Cong** (check one) O Bi-vocational Volunteer (check one) O No (check one) O No O Part-time Name: First Middle Last Cell Salutation: Phone: Email: Spouse Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: Yes Licensed: O Yes **Church Historian** (check one) (check one) O Bi-vocational Volunteer O No O No O Part-time Title: Name: First Middle Last Cell Day Spouse: Salutation: Phone: (Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Yes Yes Ordained: Licensed: **Church Musician** Volunteer (check one) O No (check one) ○ No O Part-time First Middle Last Cell Day Salutation: Spouse: Phone: (Phone: Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip:

Address:				SBC ld:						
Church Trea	surer			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes Licensed: O Ye (check one) O No (check one) O N				
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:				
Home Address:				Preferred Mailing Address: (if different from Home)						
City, State Zip:				City, State Zip:			_			
Coed Organ	ization Directo	r/Ldr		Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O N				
Salutation:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:				
Home Address:				(if different from Home)						
City, State Zip:				City, State Zip:			_			
College Min	istry Coordinat	tor		Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O N				
Salutation:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:				
Home Address:				(if different from Home)						
City, State Zip:				City, State Zip:			_			
Communica	tion/P R Direct	tor		Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes Licensed: O Ye (check one) O No (check one) O N				
Salutation:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:				
Home Address:				(if different from Home)						
City, State Zip:				City, State Zip:			_			
D. T. Directo	Or Name:			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O N				
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:				
Home Address:				Preferred Mailing Address: (if different from Home)						
City, State Zip:				City, State Zip:						
DR Volunte	er Name:			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O N				
	First	Middle	Last	Cell	Day					
Salutation: Home Address:		Spouse:		Phone: () - Preferred Mailing Address: (if different from Home)	Phone: ()	Email:	_			
City, State Zip:				City, State Zip:						
Evangelism Title:	Council Directo	or		Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O N				
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:				
Home Address:				Preferred Mailing Address: (if different from Home)						
City, State Zip:				City, State Zip:						

Assn:								7 of 10
	rship Profile							
Address:						SBC	C ld:	
Family Mini	stry Director			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: • Yes (check one) • No		O Yes O No
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:		
Home Address:				Preferred Mailing Address: (if different from Home)				
City, State Zip:				City, State Zip:				
GA Director	/Pres			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) O No		O Yes O No
Title: Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:		
Home Address:				Preferred Mailing Address: (if different from Home)				
City, State Zip:				City, State Zip:				
Media Libra	ry Director			Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) O No		O Yes O No
Salutation:	First	Middle Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:		
Home Address:				(if different from Home)				
City, State Zip:				City, State Zip:				
Media/Tech	nical Directo	r		Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) O No		O Yes O No
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:		
Home Address:				Preferred Mailing Address: (if different from Home)				
City, State Zip:				City, State Zip:				
Mission Frie	ends Director			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: • Yes (check one) • No		O Yes O No
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:		
Home Address:				Preferred Mailing Address: (if different from Home)				
City, State Zip:				City, State Zip:				
Mission Pas				Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: O Yes (check one) O No		O Yes O No
Title:	Name:	Middle	Last	Cell	Day			
Salutation:		Spouse:		Phone: () - Preferred Mailing Address:	Phone: ()	Email:		
Home Address: City, State Zip:				(if different from Home) City, State Zip:				
				Status: O Full-time	O Interim	Ordained: O Yes	Licensed:	O Yes
Mission Dir	/Leader Name:			(check one) O Bi-vocational O Part-time	O Volunteer	(check one) O No		O No
Salutation:	First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:		
Home Address:				Preferred Mailing Address: (if different from Home)				

City, State Zip:

Assn:										8 of 1
2020 Leaders Congregation	-	ofile								
Address:								SBC	ld:	
Mission Team	n Ldr-N	/Isn Dir/C	Chm		Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: (check one)	YesNo	Licensed: (check one)	O Yes O No
Title.	Truitie.	First	Middle	Last	Cell	Day				
Salutation:			Spouse:		Phone: () - Preferred Mailing Address:	Phone: ()	- <u>Em</u>	ail:		
Home Address:					(if different from Home)					
City, State Zip:					City, State Zip:					
Moral & Soci		nmittee D	Dir		Status: O Full-time (check one) O Bi-vocational O Part-time	O Interim O Volunteer	Ordained: (check one)	YesNo	Licensed: (check one)	YesNo
Title:	Name:	First	Middle	Last	Cell	Day				
Salutation:			Spouse:		Phone: () -	Phone: ()	- <u>Em</u>	ail:		
Home Address:					Preferred Mailing Address: (if different from Home)					
City, State Zip:					City, State Zip:					
					City, State Lip.					
myMission	Name				Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: (check one)	YesNo	Licensed: (check one)	YesNo
Title:	Name:	First	Middle	Last	Cell	Day				
Salutation:			Spouse:		Phone: () -	Phone: ()	- Em	ail:		
Home Address:					Preferred Mailing Address: (if different from Home)					
City, State Zip:					City, State Zip:					
Prayer Minis	try Dir/ Name:	Coord.			Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: (check one)	O Yes O No	Licensed: (check one)	YesNo
Title.	Truitie.	First	Middle	Last	Cell	Day				
Salutation:			Spouse:		Phone: () -	Phone: ()	- Em	ail:		
Home Address:					Preferred Mailing Address: (if different from Home)					
City, State Zip:					City, State Zip:					
Prison/Jail M	linistry	Contact			Status: O Full-time (check one) Bi-vocational	InterimVolunteer	Ordained: (check one)	O Yes O No	Licensed: (check one)	O Yes O No
Title:	Name:				O Part-time					
Salutation:		First	Middle Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Em	ail·		
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RA Director					Status: • Full-time	O Interim	Ordained:	O Yes	Licensed:	○ Yes
Title:	Name:				(check one) O Bi-vocational O Part-time	Volunteer	(check one)	O No	(check one)	O No
ride.	Ivairie.	First	Middle	Last	Cell	Day				
Salutation:			Spouse:		Phone: () -	Phone: ()	- <u>Em</u>	ail:		
Home Address:					Preferred Mailing Address: (if different from Home)					
City, State Zip:					City, State Zip:					
C C Di					Status: • Full-time	O Interim	Ordained:	O Yes	Licensed:	○ Yes
S. S. Director					(check one) O Bi-vocational O Part-time	O Volunteer	(check one)	○ No	(check one)	O No
Title:	Name:	First	Middle	Last	Cell	Day				
Salutation:			Spouse:		Phone: () - Preferred Mailing Address:	Phone: ()	- <u>Em</u>	ail:		

(if different from Home)

City, State Zip:

Home Address:

2020 Leadership Profile **Congregation:** Address: SBC Id: Status: O Full-time O Interim Ordained: • Yes Licensed: Yes **Senior Adult Ministry Leader** (check one) O Bi-vocational Volunteer (check one) ○ No (check one) O No O Part-time Name: Title: Middle Last Cell Day Phone: Salutation: Spouse: Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: O Yes O Yes Licensed: **Stewardship Chairperson** (check one) O Bi-vocational Volunteer (check one) O No (check one) O No O Part-time Name: Middle First Last Cell Day Salutation: Spouse: Phone: (Phone: Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: Licensed: Yes VBS Director (check one) O Bi-vocational Volunteer (check one) O No (check one) O No O Part-time Name Middle Last Cell Day Phone: (Phone: (Salutation: Spouse: Email: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: O Yes Licensed: O Yes W. M. U. Director (check one) O Bi-vocational Volunteer (check one) O No (check one) O Part-time Name Middle First Last Day Salutation: Spouse Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: O Full-time Yes O Interim Ordained: Licensed: Yes **Women on Missions** (check one) O Bi-vocational (check one) (check one) Volunteer O No O No O Part-time Last Cell Salutation: Phone: Email: Spouse Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: Yes Licensed: O Yes **Womens Enrichment Ministries** (check one) (check one) O Bi-vocational Volunteer O No O No O Part-time Name: Title: Middle Last Cell Day Spouse: Salutation: Phone: (Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip: Status: O Full-time O Interim Yes Yes Ordained: Licensed: **Youth on Missions** Volunteer (check one) O No (check one) ○ No O Part-time First Middle Last Cell Day Salutation: Spouse: Phone: (Phone: Email: Preferred Mailing Address: Home Address: (if different from Home) City, State Zip: City, State Zip:

Preferred Mailing Address:

(if different from Home)

City, State Zip:

Home Address: