

Association: _____

2025 ACP Statistical Profile

Congregation:	_____	SBC ID:	_____
Full Name:	_____		
Mailing Address:	_____	Street Address:	_____
Phone:	_____	Organized:	_____ Church/Mission: _____
Email:	_____	Website:	_____
Ethnicity:	_____	Facebook:	_____
Worship Language:	_____	Twitter:	_____

2025 ANNUAL CHURCH PROFILE

Welcome to the 2025 Annual Church Profile! Two options are available for completing the 2025 ACP. SBC Workspace (through LaOne) is available for online entry or this printed ACP packet may be completed and returned to the address found in the box below. To expedite online entry, it is recommended that the paper form be completed first.

- Go to the website: www.laone.org
- Enter your user name and password
User name: _____
Password: _____
- Click the **"Login"** button.
- Enter your name and click the **"Save Changes"** button.
- Click **"ACP Statistical Profile"** to complete the Annual Church Profile Survey.
- Click **"Leadership Profile"** to update the leaders' names and addresses. This information may be kept current throughout the year.

Year Organized: Year congregation organized for the first time.

Reporting year: The official reporting year is September 1, 2024- August 31, 2025 and is the 12-month period included in this report. In many cases this will correspond to the associational year. Membership and enrollment should be given as of the last day of the reporting year.

Questions about the ACP should be emailed to ACP@LBC.org or call 800.622.6549, Shana Johnson (ext. 210) or Jeff Richard (ext. 242).

DUE DATE: _____

RETURN TO ASSOCIATION:

Name _____
Address _____
City, State, Zip _____

Historical Events for your church. This could be any memorable event that has occurred during the church year. *Ex. Physical building changes (built/remodeled), dedications, ordinations, mission related events, commemorative events, etc.*

Assn: _____

(SBCID: _____) Church Name/Addr: _____

Please complete all 13 questions. Do not leave any space blank. Use a zero ("0") to indicate none. A church with multiple campuses should be combined and reported in a single ACP Statistical Profile. Church-type Missions should complete their own ACP.

1. TOTAL MEMBERS: Total of both Resident and Nonresident Members.

2. RESIDENT MEMBERS: Total of Resident Members, those members near and able to attend.

a. Baptisms 11 and under

b. Baptisms 12-17

c. Baptisms 18-29

d. Baptisms 30 and up

3. TOTAL BAPTISMS: Total number of baptisms during the recent reporting year. (Add 3a-3d).

4. OTHER ADDITIONS: Number who became members of your congregation during the current reporting year by ways other than baptism (letter of transfer, statement, etc.).

5. WEEKLY WORSHIP AVERAGE ATTENDANCE: Average number in the weekly (primary) worship service(s) during the current reporting year. If not kept use your best estimate.

6. ON-LINE WEEKLY WORSHIP AVERAGE PARTICIPATION: Average number participating in the weekly (primary) worship service(s) on-line for the current reporting year.

a. Bible Study 11 and under

b. Bible Study 12-17

c. Bible Study 18-29

d. Bible Study 30 and up

7. TOTAL BIBLE STUDY: Total number of members during the recent reporting year. (Add 7a-7d).

8. SUNDAY SCHOOL / BIBLE STUDY / SMALL GROUP AVERAGE ATTENDANCE: Average number attending Bible Study each week during the current reporting year. This may be a Sunday School class, Bible Study, SmallGroup, or similar group. Include all ages from babies to adults but not counting anyone twice. If not kept use your best estimate.

9. VBS ENROLLMENT: Number enrolled in Vacation Bible School for your congregation.

Items 10-13 are Financial Items. Please ROUND to the nearest whole dollar.

10. UNDESIGNATED RECEIPTS: Total amount of all undesignated gifts given by individuals. Undesignated receipts are gifts which the congregation decides how the money will be spent (by its budget or other means). This includes regular budget offerings and loose monies from the offering.

11. TOTAL RECEIPTS: Total amount of all money received by the congregation. This amount should be the total of undesignated gifts (Item 10), designated gifts, and other receipts (may include income from rentals, day school or kindergarten fees, savings pastoral aid, parking fees, etc.) **Note: Item 11 should be equal to or larger than Item 10.**

Boxes a, b, c, & d below will be auto-populated from LBC Accounting records after the end of the church year 8/31/2025 and are not editable. Manual entries may be made to boxes e. (Assn gifts) & f. (Other SBC Gifts). The sum of all breakdowns (a - f) will auto-populate question 12 (Total SBC Related Mission Giving). The gray area below are read only boxes.

a. Cooperative Program

c. Annie Armstrong Gift

e. Association Gifts

b. Lottie Moon Gift

d. Georgia Barnette Gift

f. Other SBC Gifts

12. TOTAL SBC RELATED MISSION GIVING: Total amount of all money given to all Southern Baptist mission causes by the congregation. Use the work boxes below to help calculate all gifts to any Southern Baptist entity.

13. TOTAL MISSION EXPENDITURES: Total amount of all money given to Southern Baptist and non-Southern Baptist mission causes by the congregation. ADD total from Line 12 above PLUS any additional money given for mission causes that are not SBC affiliated, such as Samaritan's Purse, etc. (Line 13 should be equal to or larger than Line 12).

Assn:_____

2025 Leadership Profile

Congregation:_____

Address:_____

SBC Id:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____

Position:_____

Title:_____Name:_____

_____First_____Middle_____Last

Salutation:_____Spouse:_____

Home Address:_____

City, State Zip:_____

Status: ☐ Full-time ☐ Interim ☐ Ordained: ☐ Yes ☐ Licensed: ☐ Yes
(check one) ☐ Bi-vocational ☐ Volunteer (check one) ☐ No (check one) ☐ No
☐ Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
(if different from Home)

City, State Zip:_____