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### **COGOP Local Church Questionnaire**

**Church Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name of Pastor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### **DEEDS & OPERATIONS**

Does the church own any land? ( ) YES ( ) NO

Does the church have a day care or other business operations? ( ) YES ( ) NO

### **INCORPORATION AND/OR BYLAWS**

Are you currently incorporated? ( ) YES ( ) NO If yes, which State: \_\_\_\_\_

**What other issues or concerns do you have that may need to be addressed:**

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