

Abundant Life Christian Counseling Services
and Training Center
520 W. Tri-County Blvd
Oliver Springs, Ten 37840

Year _____

ANNUAL MINISTRY ACTIVITY REPORT FOR DEGREES, CERTIFICATION,
AND/OR LICENSURE

Name: _____ Home phone: _____ Cell: _____

Address: _____ Office phone: _____ Fax: _____

City State _____ Zip: _____

Office Address: _____

1. Please list your goals and objective for next year to continue your educational training. Proverbs 3:6 "In all thy ways acknowledge Him and He shall direct thy paths."

2. What is the biggest accomplishment God is/has brought in your life this year?

3. How have you grown in the Lord this year? Struggles?

4. What can we do to further help/enable you to reach your ministry goals/ objectives?

5. Are there any concerns or problems that we need to be addressed?

6. Please list prayer needs / request: _____

Signature: _____

Date: _____

***Mail to address above or fax to 865-435-4796

***Any questions call 865-435-5706 or email us @ abundantlife3@comcast.net

annualministryreport.trn