



GLOBAL METHODIST CHURCH

FLORIDA CONFERENCE



2026-2027 Charge/Church Conference Agenda

Church Name:
Church City:
District: District drop down

Senior Pastor:
Elder Presiding over Charge Conference:
Recording Secretary:

Before your Charge/Church Conference, have the following forms approved by the church council/ Board (or its equivalent):

1. **2027** Appointed Clergy Compensation forms for each appointed Clergy
2. Congregational Leadership Nominations
3. Membership Report and Audit
4. Candidates for Ministry- First Time and Renewal

After Charge/Church Conference, please email all signed, completed forms/pages, along with the Agenda, to plevesque@floridagmc.org

Please review/check off to make sure you have a form/page for each Agenda item

1. ☐ **Agenda** - Please check and sign and return this Agenda showing all forms were handled and processed.
2. ☐ **Attendance** (Please have everyone sign in and submit with Charge/Church Conference paperwork)
3. ☐ **Elect Recording Secretary**
4. ☐ **Pastor and Church Report** (No written report needed-present your report to your Church)
Please reflect on the following three questions (as also shown in the Instructions):
 - a. If the youngest people in your church were writing your annual report, what would they celebrate most about your congregation?
 - b. What has the next generation taught your church about hope this year?
 - c. What is one concrete step your church will take this coming year to ensure the next generation isn't just the church of tomorrow, but an essential part of the church today?
5. ☐ **2027 Clergy Compensation 3 Forms** (Taken from "2027 Appointed Pastor's Compensation Form")
If your church has multiple pastors, you must vote individually on each. Each pastor's entire compensation package (Salary, housing, reimbursable) must be presented verbally or projected on the screen.
 - a. ☐ **Clergy Compensation Form**
 - b. ☐ **Housing Allowance Form**
 - c. ☐ **Reimbursable Account Form**
6. ☐ **Membership** (See Membership Report and Audit form: Paragraph 430)
Please project membership report on the screen or have a copy for everyone in attendance.
7. ☐ **2027 Congregational Leadership** (See Congregational Leadership Nominations form- Paragraph 437)
Submit **ONE**: ☐ Traditional **OR** ☐ Modified/One Board (Only submit the model your church uses)
8. ☐ **2027 Local Church Officers Name and Contact Information**

Submit Local Church Officers Name and email Information so that it can be input into the database

9. Is the **Congregation Ministry Safe Compliant?** Please see cabinet policy:
<https://floridagmc.org/wp-content/uploads/2024/06/Cabinet-Policy-for-Child-Youth-Protection.pdf>

☐ Yes

☐ No. If NO, Please **attach** your plan to implement Ministry Safe.

10. ☐ **Approve/Renew Candidacy for Ordained Ministry** - Complete and submit form(s) if applicable

11. ☐ **Board of Trustees (or Equivalent) Report (§446.6)**-Not to be submitted but checked off if report was prepared and presented to the congregation

12. ☐ **Insurance Certificate**- Submit your 2026 Certificate showing that the Florida GMC is listed as Additional Insured

13. ☐ **Finance Policy (§447.6)** : You are strongly encouraged to follow the cabinet policy on finance Financial Policy (<https://floridagmc.org/wp-content/uploads/2024/06/Cabinet-Policy-for-Financial-Controls.pdf>). If you do not follow this policy, please insure that your financial policy is allowed/permitted by your Insurance Company in case there is a fiscal impropriety.

☐ **Yes**, we follow this Finance Policy

☐ **No**, we have our own Policy. If NO, **submit** your Finance policy

14. ☐ **Audit/Review**

☐ Submit your cover letter of this year's Annual Review/Audit

OR

☐ We did not have an Audit/Review completed. Attached is our plan to get an Audit/Review.

15. ☐ **Health of the Church**. Please input the Health of the Church figures into the document with this link:
https://docs.google.com/forms/d/e/1FAIpQLSduPIP81LugFiieiqliY7_aNGEf9fksU5dTCgxzupceq0E0ig/viewform?usp=publish-editor

Pastor Signature:

Elder Presiding Signature:

Secretary Signature: