



# GATEWAY MINISTERIAL NETWORK

An Affiliated Ministry of Gateway Church International

## Annual Report Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Ministry Name: \_\_\_\_\_

Personal \_\_\_\_\_

Email: \_\_\_\_\_

Ministry Email: \_\_\_\_\_

*(If there have been or will be any changes to your ministry/personal address, phone numbers, etc. please send GMN the updates.)*

1. What are the most significant things that have happened in your ministry this past year?

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2. How and to what degree have you grown in your love for the Lord and for the ministry this past year?

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3. Describe the vision you have for ministry this year.

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4. What are the challenges that would hinder you from successfully reaching your goals and vision for this year?

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5. Are there any immediate or long-term prayer needs for which we can pray with you?

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6. Comments or suggestions on how GMN can serve you this coming year:

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<i>GMN Office use only</i>	
Date Received [	]
Annual Dues [	]