



TEAM CHRIST CENTERED MINISTRY REPORT 

Ministry Area:	
Prepared by:	Date:
Reporting Period: From to:	Conclusions: <input type="checkbox"/> Proceeding according plan <input type="checkbox"/> Manageable issues exist <input type="checkbox"/> Serious issues need help

ACCOMPLISHMENTS/ACTIVITES

-

Participating Team Members:

-

Planned Absents:

-

Testimonies:

-

Needs (resources, people, and prayer):

-

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