



LUSAKA CONFERENCE  
SPIRIT OF PROPHECY SERVICES  
**LOCAL CHURCH QUARTERLY REPORT FORM**

Church Reporting: ..... for the Quarter Ending: .....  
Name of Coordinator: ..... Contact Number: .....

**1. Statistics on Adventists Reading Culture:**

- i) What is your Church Membership? .....
- ii) Does your Church have a Library? .....
- iii) If “Yes,” how books are in Stock? .....
- iv) How many Members have SOP Home Libraries? .....
- v) Number of Members with an SOP Daily Reading Plan? .....
- vi) How many Members have read SOP Books? .....

**2. Local Church SOP Planned Activities:**

- vii) Does your Church have an SOP Committee? .....
- viii) How many SOP Committee meetings held? .....
- ix) Number of SOP Small Group Ministries in your Church .....
- x) Number of active Members in SOP Small Groups .....
- xi) Number of SOP Small Groups Ministries trainings held .....
- xii) Did your Church conduct SOP Bible Study/promotion? .....
- xiii) If “Yes,” what topic did you discuss? .....

**3. Frequent questions asked concerning SOP in your Church**

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**4. Remarks:**

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**SOP Coordinator Signature:** ..... **Date:** .....  
**Elder’s Signature:** ..... **Date:** .....



LUSAKA CONFERENCE  
SPIRIT OF PROPHECY SERVICES  
DISTRICT QUARTERLY REPORT FORM

District Reporting: ..... For the Quarter Ending: .....  
Name of Coordinator: ..... Contact Number: .....

**1. Statistics on Adventists Reading Culture:**

- i) Number of Churches in your district \_\_\_\_\_
- ii) Number of Churches reporting SOP activities \_\_\_\_\_
- iii) Number of Churches with Church Libraries \_\_\_\_\_
- iv) Total number of members SOP Home Libraries? \_\_\_\_\_
- v) Number of Members with an SOP Daily Reading Plan? \_\_\_\_\_
- vi) How many Members have read SOP Books? \_\_\_\_\_

**2. Local Church SOP Planned Activities:**

- vii) Does your District have an SOP Committee? \_\_\_\_\_
- viii) How many SOP Committee meetings held? \_\_\_\_\_
- ix) Number of Churches with SOP Small Group Ministries \_\_\_\_\_
- x) Number of active Members in SOP Small Groups \_\_\_\_\_
- xi) Number of SOP Small Groups Ministries trainings held \_\_\_\_\_
- xii) Number of Churches that conducted SOP Bible studies \_\_\_\_\_
- xiii) If "Yes," list down topics covered \_\_\_\_\_

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**3. Frequent questions asked concerning SOP in your Church**

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**4. Remarks:**

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SOP Coordinator Signature: \_\_\_\_\_  
District Pastor's Signature: \_\_\_\_\_

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