

First Jurisdiction of Louisiana | **CHURCH OF GOD IN CHRIST, INC.**

DISTRICT DEPARTMENT HEADS DIRECTORY

DISTRICT EXECUTIVE SECRETARY

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT EVANGELISM PRESIDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT EVANGELISM ELECT LADY

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT MISSIONS PRESIDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT MUSIC PRESIDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT SUNDAY SCHOOL SUPERINTENDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

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DISTRICT DEPARTMENT HEADS DIRECTORY

DISTRICT SUNDAY SCHOOL FIELD REPRESENTATIVE

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT URBAN INITIATIVES DIRECTOR

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT USHERS PRESIDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT YOUTH PRESIDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT YOUTH CHAIRLADY

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT SCHOLASTIC MOTIVATION COORDINATOR

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

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DISTRICT DEPARTMENT HEADS DIRECTORY

DISTRICT COGIC MEN PRESIDENT

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____

DISTRICT PASTOR'S AIDE CHAIRPERSON

Name _____

Address _____ City _____ St _____

Zip Code _____ Email address _____

Telephone _____ Cell _____